



Economic and Social Council

Distr.
LIMITEDE/ICEF/1992/L.4
6 April 1992

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
1992 session

POLICY REVIEW

THE OPERATIONALIZATION OF UNICEF PRIORITY TO AFRICA

SUMMARY

UNICEF has accorded priority to Africa as the only region where the numbers of malnourished and dying children are increasing owing to underdevelopment, natural disasters, economic mismanagement, debt, the acquired immune deficiency syndrome (AIDS) pandemic, inadequate international support and investment, and war. UNICEF has already taken several measures, including support to specific programme strategies for Africa (such as the Bamako Initiative and dracunculiasis (guinea worm disease) elimination strategies) and the strengthening of operational capacity and advocacy activities on the continent.

Recent and ongoing political changes present new opportunities in Africa. To address the needs of African children and women in the 1990s, UNICEF will retain Africa as the region of highest priority through the elaboration of appropriate, sustainable programme strategies, including community empowerment, AIDS prevention and basic education. Existing collaboration with national and regional institutions will be strengthened including the expanded use of African expertise. Staff capacity continues to be strengthened through targeted recruitment and more training. Funding allocations to Africa will increase in line with overall income, with an emphasis on fund-raising for non-emergency countries and with priority allocations from global funds. UNICEF is calling upon Africa and its development partners to form a pact, committing themselves to the achievement of the 1990s goals in Africa and guided by national programmes of action to address country actions. The forthcoming Organization of African Unity conference will assist in this effort.

CONTENTS

	<u>Paragraphs</u>	<u>Page</u>
INTRODUCTION	1	4
I. NEED TO PRIORITIZE AFRICA	2 - 11	4
A. Underlying causes	3 - 6	7
B. Structural causes	7 - 9	8
C. Opportunities in the 1990s	10 - 11	9
II. UNICEF RESPONSE IN THE 1980s	12 - 25	10
A. Response through country programmes	13 - 17	11
B. External relations	18 - 19	12
C. Strengthened operational capacity	20 - 24	12
D. Impact of UNICEF actions	25	18
III. FUTURE DIRECTIONS FOR UNICEF ACTION IN AFRICA	26 - 43	18
A. National programmes of action	27	18
B. Country programme strategy	28 - 33	19
C. Women	34	21
D. External relations strategy	35 - 37	21
E. Operational support strategy	38 - 43	23
IV. CONCLUSION	44 - 45	25

List of tables

1. Principal social and economic trends in sub-Saharan Africa, 1970-1990	5
2. Comparison of sub-Saharan Africa with other regions, 1980 and 1990	6
3. UNICEF offices in Africa, 1982-1993	13

CONTENTS (continued)

	<u>Page</u>
4. UNICEF staff posts in Africa, 1982-1993	15
5. General resources and supplementary funding programme expenditure in Africa, 1980-1991	16
6. Supplementary funding contributions to Africa, 1984-1991	17

INTRODUCTION

1. The present policy review provides information on how UNICEF intends to operationalize its priority attention to Africa as requested in Executive Board decision 1991/13 (E/ICEF/1991/15). The report reviews the reasons UNICEF considers Africa to be the region of highest priority at present, the actions UNICEF is already taking to operationalize this priority and the actions UNICEF intends to take to address further the needs of African children and women. The Executive Board first recognized the need for special attention for Africa in 1984 during the early phases of the famine that severely affected many African countries. Thereafter, the situation received increasing attention, with Executive Board decisions 1986/18 (E/ICEF/1986/12) and 1988/23 (E/ICEF/1988/13), the latter stating that "Africa represents today the greatest development challenge for the remainder of the century". In 1990, the Executive Director informed the Executive Board that Africa should remain the continent of greatest priority for increased attention from UNICEF in the 1990s.

I. NEED TO PRIORITIZE AFRICA

2. UNICEF is prioritizing its actions in Africa because it is the only continent in the world today where the conditions for children have been declining and are expected to worsen in the 1990s. ("Africa" refers to the 44 countries in the UNICEF regions of West and Central, and Eastern and Southern Africa.) While overall infant mortality rates and under-five mortality rates in Africa have been falling, they remain at high levels overall at 108 and 180 per 1,000 live births, respectively. The absolute number of child deaths in Asia is greater than Africa, but the number in Asia is declining rapidly, while in Africa the number of children dying every year is increasing. These trends are illustrated in tables 1 and 2 below.

Table 1. Principal social and economic trends in sub-Saharan Africa, 1970-1990

Indicator	Units	1970	1980	1985	1990
Infant mortality rate	Deaths per 1,000 live births	145	125	116	108
Infant deaths <u>a/</u>	Millions per year	1.08	2.1	2.2	2.4
Under-five mortality rate <u>a/</u>	Deaths per 1,000 live births	242	210	195	180
Under-five deaths <u>a/</u>	Millions per year	2.9	3.5	3.7	4.0
Prevalence of underweight under-fives <u>b/</u>	Percentage	30 (1975)	29	31	31
Number of underweight under-fives <u>b/</u>	Millions	18	21	26	30
Maternal mortality rate <u>a/</u>	Deaths per 100,000 live births	-	-	640	630
Maternal deaths <u>a/</u>	Thousands	-	-	130	140
Primary school enrolment ratio (gross) <u>c/</u>	Percentage of primary school age population	46	77	72	76
Secondary school enrolment ratio (gross) <u>c/</u>	Percentage of secondary school age population	7	17	24	24
Female literacy <u>c/</u>	Percentage of females 15 years +	13	-	30	35
Access to safe water <u>a/</u>	Percentage of population	-	30	35	39
GNP per capita <u>d/</u>	Current US\$	160	570	480	340
GNP per capita growth rates (period) <u>d/</u>	Average annual percentage	1.7 (1965-1973)	0.6 (1973-1980)	-	-1.2 (1980-1989)
Total population <u>e/</u>	Millions	256	342	398	466

a/ UNICEF, excludes South Africa and the Sudan.

b/ Preliminary estimates of the Subcommittee on Nutrition of the Administrative Committee on Coordination.

c/ UNESCO, excludes South Africa.

d/ World Bank, excludes South Africa.

e/ United Nations Population Division, excludes South Africa and the Sudan.

Table 2. Comparison of sub-Saharan Africa with other regions, 1980 and 1990

Indicator	Unit	1980					1990						
		Sub-Saharan Africa	South East Asia	South-East Asia	China	Middle East and North Africa	Latin America and Caribbean	Sub-Saharan Africa	South East Asia	South-East Asia	China	Middle East and North Africa	Latin America and Caribbean
Under-five mortality rate ^{a/}	Deaths per 1,000 live births	210	188	108	56	145	90	180	152	76	42	95	70
Under-five deaths ^{a/}	Millions	3.5	6.4	1.5	1.1	1.4	1.0	4.0	6.0	1.1	1.0	1.1	0.9
Prevalence of underweight under-fives ^{a/}	Percentage	-	-	-	-	-	-	31	60	36	21	25	11
Number of underweight under-fives ^{a/}	Millions	-	-	-	-	-	-	29	99	23	24	12	6
Primary school enrolment ratio (gross) ^{b/}	Percentage of primary school age population	77	77	110	110	80	105	76	88	120	120	86	109
Female literacy ^{b/}	Percentage of females	-	-	-	-	-	36	-	32	66	66	38	83
Access to safe water ^{a/}	Percentage of population	-	-	-	-	-	-	39	72	68	68	74	80
GNP per capita ^{c/}	Current US\$	570	230	400	400	1 740	1 920	340	330	590	590	1 400	2 180
GNP per capita growth rates (1980-1989)	Average annual percentage	0.6	1.9	4.7	4.7	1.8 ^{e/}	2.3	-1.2	2.9	6.3	6.3	0.4 ^{d/}	-0.5
Debt service as percentage of exports of goods and services ^{c/}	Percentage	11	12	14	14	21	37	19	25	15	15	33	25
Total debt as a percentage of GNP ^{c/}	Percentage	28	17	17	17	62	35	111	31	27	27	93	41
Total population ^{e/}	Millions	342	909	423	996	244	363	466	1 146	519	1 139	328	448

^{a/} UNICEF; follows UNICEF definition of region.

^{b/} UNESCO; follows UNESCO definition of regions (see World Education Report 1991).

^{c/} World Bank; follows World Bank definition of regions (see World Development Report 1991).

^{d/} Includes middle-income countries of Europe (see World Development Report 1991, p. xi).

^{e/} United Nations Population Division.

A. Underlying causes

3. The underlying causes for those tragic figures can be summarized as underdevelopment manifested through poor health care, poor child care and the low status of women, all compounded by the economic setbacks of the 1980s. The continued low rates of child survival in Africa can be linked to population growth outstripping efforts to increase food accessibility and expand education, health and water supply and sanitation services. Less than 50 per cent of all Africans have access to a functioning modern health care system and only 41 per cent to safe water. Even where access to those basic services is available, their quality has declined in the 1980s with, for example, many rural health centres running out of drugs and essential medical supplies. Survival in Africa has also been negatively affected by the increase in the incidence of new diseases such as acquired immune deficiency syndrome (AIDS), which estimates indicate will orphan 10 million to 15 million children in Africa by the year 2000, and a resurgence of old diseases such as cholera (affecting 12 African countries in 1991) and malaria. The World Health Organization (WHO) estimates that, because of AIDS, infant and child mortality in Africa will remain essentially unchanged in the year 2010 compared with 1990 unless a dramatic shift in public awareness and sexual behaviour occurs.

4. United Nations estimates indicate that Africa is the only region where malnutrition prevalence rates did not decline between 1980 and 1990, and thus the number of malnourished children has increased from 21 million to 30 million. The declines in the prevalence of malnutrition observed in the late 1970s were reversed by the famines of the mid-1980s and by economic stagnation. The causes of malnutrition in Africa are inadequate dietary intake and disease, caused by household food insecurity, inadequate health services, together with an unhealthy environment and inadequate care for children and women. Malnutrition has been shown to have a negative synergistic effect on disease-specific mortality rates. Projections indicate that little progress in reducing the prevalence of malnutrition can be expected in Africa in the 1990s unless a comprehensive approach to nutrition is implemented, and that the situation will remain vulnerable to further setbacks.

5. The development of African children is also hampered by the poor learning opportunities on the continent. Access to primary education appears to have declined in the 1980s from 74 per cent in 1980 to 68 per cent in 1990. The quality of education has also declined as the resources for schools were barely able to cover teachers' salaries, with little left over for books and teaching materials. Non-formal and adult education services have not grown sufficiently to meet demands. The progress made in some countries after independence in integrating girls into schools was brought to a halt as the direct costs of education to parents increased. As a result, more than 70 per cent of women in Africa aged 25 years and over are illiterate (while illiteracy rates are 52 per cent overall), and fewer than 30 women per 100 men are enrolled in higher education in the region. Existing forms of formal education increasingly became less relevant in some African countries as economies stagnated or went into recession; schools were simply not prepared

/...

to equip their pupils with the practical or survival skills required for the changing situation. As a result of weak health and family life skills education, as well as of the exclusion of girls from schools, the expected impact of educational expansion on reducing fertility in Africa did not materialize, with fertility rates of 6.2 births per woman being the highest average of all regions. Customary education systems, conveying values and cultural identities, declined in the face of the new living arrangements brought on by urbanization and the resettlement of displaced families.

6. The situation of African women is hardly better than that of their children. It continues to be impeded by social attitudes and preferences that privilege boys and men and undervalue (and limit the investment in) girls and women. African women continue to work hard and long, doing more agricultural work than women in any other region of the world, but their limited access to capital and modern technology reduces their productivity and increases the human effort required. Most economic reform programmes have not addressed the needs for improving women's productivity. Women's health in Africa is poor, with over 75 per cent having anaemia. African women also have the second highest maternal mortality rate (MMR) in the world, with an average of 626 per 100,000 live births, resulting in over 140,000 deaths every year. Often women in Africa have to confront three layers of legal systems - customary, religious and modern - very few of which ensure the equal rights of women to property ownership and inheritance, to marriage and divorce, and to personal safety. Overall, the traditional marginalization of women has been exacerbated in the modern legal, political and economic systems, resulting in women becoming low productivity workers in both rural and urban areas.

B. Structural causes

7. The structural causes of the conditions facing children and women in Africa at the beginning of the 1990s are complex. The common thread is the economic decline that has affected most of Africa since the mid-1970s. Per capita income fell by an average of 25 per cent over the 1980s, with less than one quarter of the countries showing a positive per capita growth rate. The overall growth of the gross domestic product was 2.1 per cent for the period 1980-1989, while the population grew at an average of 3.2 per cent over the same period. At the household level, this decline in income has been reflected by a decrease in the number of households able to secure their food supply, either by production or by purchase. Reduced exports (an average of -1.3 per cent for 1980-1987), declines in direct foreign investment (below \$0.5 billion per annum for all non-oil exporting African countries combined over 1981-1989), stagnation in official development assistance (ODA) (with the 1990 ODA from all sources to Africa totalling that provided in 1989 in constant dollars), increases in debt (from 97 per cent of annual exports in 1980 to 330 per cent in 1990) and the mis-investment of available resources (including large military expenditures and the inappropriateness of certain domestic and aid investments) are among the factors that have affected nearly all African countries. In some countries, these human factors have been compounded by natural causes such as droughts, floods and pests, and by degradations in the environment brought about by drought and over-grazing.

/...

8. War and civil strife have also been major causes of the declining living standards of children and women in Africa. About 4 million Africans are refugees, and a further 40 million are displaced within their own countries, the greatest numbers of these being in the Horn of Africa and in southern Africa, with many children being traumatized as their families flee conflict or drought. Southern Africa has been a special case where it is estimated that over 1.2 million children under five years old have died in the 1980s, either directly or indirectly, owing to the effects of the destabilization created by apartheid.

9. One cause of these conflicts is that in many African countries, the expansion of the basic human rights of survival, protection and development brought about by independence was not always sustained (in some cases it was eroded by corruption and economic mismanagement) in the difficult economic times that followed, to the detriment of vulnerable groups such as children and women. Many African Governments have adopted policies of economic reform to promote growth. These policies, while in themselves not a cause of increasing poverty and declining living standards, resulted in sharp restrictions in the monetary supply as debts were repaid, fiscal discipline was imposed and government expenditure was curtailed. These features of economic reform had a negative impact on the conditions of children and women, especially in countries unable to offer compensatory programmes. The expected benefits of economic growth have not been felt as there is no decisive economic reform success in Africa, except in Mauritius. African Governments have made determined efforts to address human development in the context of economic reform programmes, but their options for action have usually been constrained by the external economic environment and by the policy priorities of their development partners.

C. Opportunities in the 1990s

10. An unprecedented conjuncture of internal and external political and economic forces in Africa at the end of the 1980s has stimulated rapid political change in many countries simultaneously, making the early 1990s comparable only to the era of independence in terms of the potential for transforming people's lives. The main effect of this political transition process is to bestow greater political legitimacy on Governments that will need it to sustain popular support for the economic transformations required in the years ahead. Another expected effect is the rapid extension of meaningful popular participation in economic and social decision-making, with more trust and dialogue between citizens and their Governments. Other likely results include an increase in transparent and accountable Government, widespread decentralization and reductions in military and security expenditure. The hope is that these political changes will bring about more stable and responsive Governments; a decline in wars, civil strife and internal violence; a decline in the numbers of refugees and displaced families; and an increase in public resources allocated by African Governments for human development.

11. Such political changes present great opportunities for African children and women to improve their lives in the 1990s. While the constraints and the sense of pessimism both within and outside Africa about the future are very real, it must be recalled that, in the past, Africa achieved a great deal despite a very limited resource base, achievements greater perhaps than other regions with similar resource limitations. Nevertheless, the World Bank estimates that average per capita gross national product (GNP) incomes in Africa are expected to grow less than 1 per cent a year in the first half of the 1990s, and about 0.5 per cent on average annually through the decade. The overwhelming size of the African debt (estimated at \$161 billion) in relation to the African GNP (\$144 billion per annum) continues to drain declining export earnings away from new investments. These economic constraints will limit the options for African Governments, as will the political and macroeconomic conditionalities that external bilateral and multilateral donors will impose on ODA in the 1990s. Continued environmental degradation and the possibility of a recurrence of drought in southern Africa will also impose their own burdens on African development. The challenge of the 1990s will be to address the needs of children and women at a time when no great expansion of the economic resource base is foreseen.

II. UNICEF RESPONSE IN THE 1980s

12. UNICEF has consistently accorded priority to Africa in its activities. At the overall policy level, the Executive Director has maintained close contacts with a number of African leaders and Governments directly and at heads of State summits of the Organization of African Unity (OAU), which have passed several resolutions supporting African children. UNICEF was one of the original supporters of the United Nations Office for Emergency Operations in Africa, and also supported the task force, led by the Economic Commission for Africa (ECA), that promoted the United Nations Programme of Action for African Economic Recovery and Development (UNPAAERD). UNICEF provided considerable support to the UNPAAERD Khartoum Conference on the Human Dimension of Africa's Economic Recovery and Development and the Arusha Conference on Popular Participation in African Recovery and Development. It has also supported the UNPAAERD secretariat and the publication of Africa Emergency and, later, Africa Recovery. UNICEF developed and promoted the policy alternatives for the protection of the poor during economic reform under the rubric of adjustment with a human face. The organization has established specific collaborative mechanisms with other agencies to address the needs of Africa: with the WHO Regional Office for Africa on the development of primary health care (PHC); with the Food and Agriculture Organization of the United Nations (FAO) and WHO on nutrition; and with the World Bank on health and basic education. UNICEF has also been an active supporter of the work of the inter-agency Joint Consultative Group on Policy on Africa.

A. Response through country programmes

13. The central part of the UNICEF response to the priority for Africa is through the country programme strategy. The programmatic thrust in Africa has evolved from a focus on basic services, to a focus on child survival (and later protection) and development, which was later framed by the goals for children and development in the 1990s and the Convention on the Rights of the Child. Should all the 1990s goals be achieved in Africa, over 2.1 million children under five years of age will be saved in the year 2000, and over 50,000 maternal deaths will be averted compared with 1990. Even more lives would be saved when compared with the number of deaths expected if the 1990 trends continued unabated to the year 2000. A major country programming strategy has been to strengthen national capacities to plan, implement, monitor and evaluate national and area-based programmes for children and women. This has been facilitated by, among other measures, using national and regional experts and institutions, especially national universities which have often participated in the preparation of situation analyses of children and women. With emergencies in Africa being widespread and recurrent, UNICEF has developed policies for rapidly adapting regular programmes to emergencies as they arise, and to incorporate rehabilitation actions into relief measures.

14. In the area of child survival, UNICEF has placed priority on the reduction of immunizable diseases and diarrhoea in Africa. The Bamako Initiative strategy, initially proposed at a WHO Regional Office for Africa meeting of ministers of health in 1987, has been successful in gradually involving communities in the management and financing of health services, thus helping to sustain health coverage. UNICEF water supply and sanitation strategies in Africa have been adapted to address more closely hygiene education and the community maintenance of water systems. There have been new attempts to address the resurgence of malaria through UNICEF support for pilot research activities. The new nutrition strategy, based largely on experience in nutrition programmes in Africa, has been introduced, with malnutrition levels appearing to be systematically reduced in the target communities.

15. UNICEF support for programming for child development in Africa has been more limited, as the needs for the immediate survival of children and women were more pressing. The main strategic intervention was to sponsor the regional meetings of African ministers of education, with the United Nations Educational, Scientific and Cultural Organization (UNESCO), prior to the World Conference on Education for All. The implementation of early childhood care and development has accelerated in Africa in recent years, especially through community day-care centres. UNICEF has been a major advocate for the education of girls and women in Africa.

16. The concept of child protection, a new one in Africa, has come to prominence owing to the growing phenomenon of street children in cities and of children traumatized by war and violence. UNICEF has assisted in the demobilization of child soldiers and in reuniting families separated by attacks. UNICEF initiated and promoted a policy of "children as zones of peace", further elaborated as "corridors of peace", to reach children and

/...

women caught in conflict. UNICEF has also supported the Africa Network on the Prevention and Protection against Child Abuse and Neglect and the OAU Charter on the Rights and Welfare of the African Child.

17. UNICEF supported an integrated programme strategy for women by which women's concerns are tangibly addressed in all aspects of country programmes in Africa. UNICEF has assisted women's training programmes to strengthen national policy institutions, expand food production and income-generating opportunities, and provide appropriate labour- and energy-saving technology for women. A focus on the excessively high MMRs and the incidence of female mutilation in Africa highlighted the need for safe motherhood programmes, now included in some country programmes. UNICEF also supported the African Training and Research Centre for Women (ATRCW).

B. External relations

18. The UNICEF response to the priority for Africa included strengthened advocacy, such as support to SportAid, USA for Africa, the Day of the African Child and the publication of Children on the Frontline, about victims of apartheid in southern Africa. Through UNICEF advocacy for the adjustment with a human face strategy at consultative group meetings, support for country studies on the impact of economic reform programmes, continuous policy dialogue with African Governments, as well as through the publication of Within Human Reach, several measures to protect poor and vulnerable groups were incorporated into economic reform policy in Africa, especially in the areas of household food security and food policy. UNICEF has supported the involvement of African parliamentarians, artists and intellectuals in child survival, protection and development.

19. National Committees for UNICEF have regularly supported UNICEF activities in Africa. Through the circulation of UNICEF publications and videos, they have contributed to increased public awareness of the situation and needs of Africa in industrialized countries. At the same time, their advocacy has facilitated direct fund-raising campaigns for programmes in Africa and has promoted UNICEF programmes with their respective Governments. National Committees also support Education for Development courses for students, trade union members, etc., on the situation of children in Africa. In 1991, the National Committees met in Africa, as did the Non-governmental Organization (NGO) Committee for UNICEF. Africa has also been the focus for UNICEF media support, with several co-productions of television and radio programmes taking place in Africa. UNICEF has also facilitated visits by journalists from the international media to Africa to observe development activities.

C. Strengthened operational capacity

20. A key strategy by which UNICEF has been responding to the priority for Africa has been to strengthen UNICEF operational capacity on the continent. This was developed as a result of a management review carried out in 1983.

/...

The major growth in UNICEF field presence in Africa is comparatively recent, taking place from the 1984-1985 biennium onwards. The growth in UNICEF offices is shown in table 3 below. Africa has also benefited from the Capital Asset Fund established in 1988 to cover the costs of field office construction, with 16 per cent of the commitments made from the Fund up to the end of 1991 allocated to field offices in Africa.

Table 3. UNICEF offices in Africa, 1982-1993

Biennium	Regional offices	Country and area offices	National sub-offices a/	Total
1982-1983	2	11	28	41 b/
1984-1985	2	14	26	42
1986-1987	2	25	15	42
1988-1989	2	27	13	42
1990-1991	2	31	11	44 c/
1992-1993 d/	2	34	8	44

Source: Budget Section, UNICEF Division of Financial Management.

a/ National sub-offices include liaison offices.

b/ Most offices opened in 1983.

c/ Includes country offices opened in two countries which also host regional offices.

d/ As at beginning 1992.

21. The staffing strength in Africa has risen with the expansion of UNICEF programmes on the continent, although through increases in efficiency, average programme expenditure throughput per post in Africa was 52 per cent higher in 1990 than in 1982. Some 48 per cent of all new core posts created in the 1990-1991 biennium were in Africa. While ratios of National Officers to all Professional staff are lower in Africa than in Asia (38 and 41 per cent for Eastern and Southern Africa and West and Central Africa, respectively), East Asia and the Pacific, and South Asia had 44 and 57 per cent, respectively, in 1990, which is a reflection of the greater national capacity in Asia. The

/...

number of National Professional staff posts in Africa has grown from 42 in 1980 to 309 in 1992. The evolution of UNICEF staff posts in Africa is shown in table 4 below.

22. In addition to increases in numbers, there has been a qualitative increase in the staff capacity in Africa through training (39 per cent of all 1991 staff training funds were spent in Africa, which accounts for 34 per cent of all staff in UNICEF). Vacancy rates in Africa have been no higher than in other regions, but they are compounded by the frequency of staff movement, which is higher in Africa owing to the shorter duration of postings, due, in turn, to the difficult and often insecure living conditions. UNICEF capacity in Africa has also been augmented by regional and headquarter advisers, the latter having made Africa the priority in their annual work plans since 1990. Technical consultants have also been recruited from African regional institutions such as the Eastern and Southern Africa Management Institute (ESAMI) and the Institut Pan-africain de développement (IPD) (Pan-African Institute for Development). In 1990, 77 per cent of all 1,088 individual consultants recruited for Africa were African nationals, while 89 per cent of all 107 institutional contracts were allocated to institutions in Africa.

23. Central to UNICEF priority attention to Africa has been the expansion of country programme budgets. The exceptional growth in income in the mid-1980s was partly a result of the drought crisis in Africa, which generated significant emergency contributions, and partly due to a large donation from one donor country for child survival in Africa. As shown in table 5 below, general resources and supplementary funding expenditures in Africa increased sharply, with 1990 general resources up by nearly 200 per cent and supplementary funding up by nearly 650 per cent over 1980. However, Africa's share of total UNICEF expenditures rose only in the early 1980s, from 22 per cent in 1980 to 38 per cent in 1985, and remained steady at about 35 per cent from 1987. These increases in the minimum general resources country programme budgets, together with additional general resources allocations from global funds and reserves, have maintained Africa's share of total expenditure, even though supplementary funding contributions have shown great variation from year to year and from country to country. In the late 1980s, some countries continued to receive large emergency contributions, while others (especially non-emergency countries) lost the attention of donors who, by the end of the decade, were beginning to see their concerns drawn towards the Middle East and Eastern Europe. In 1991, for example, 11 African countries received about \$32.7 million for emergency programmes, equivalent to over \$4 per affected child, while 30 non-emergency African countries received \$52.0 million, or about \$0.55 per child. Overall, Africa's share of total supplementary funding contributions declined from 53 per cent in 1984 to 29 per cent in 1991, although the actual amount received increased from \$55.6 million to \$84.7 million.

/...

Table 4. UNICEF staff posts in Africa, 1982-1993

Biennium <u>a/</u>	<u>Core posts</u>			<u>Non-core posts</u>			JPOs <u>b/</u>	Total posts in Africa	Total all UNICEF posts <u>c/</u>	Percentage of UNICEF posts in Africa
	IP	NO	GS	IP	NO	GS				
1982-1983	79	31	207	132	30	159	33	671	3 211	21
1984-1985	89	48	296	189	45	198	28	89	3 638	25
1986-1987	126	74	380	214	78	306	33	1 211	4 000	30
1988-1989	115	63	342	271	113	481	45	1 430	4 291	33
1990-1991	118	64	349	303	176	650	41	1 701	4 996	34
1992-1993 <u>d/</u>	134	87	372	338	222	842	37	2 032	5 665	36

Source: Budget Section, UNICEF Division of Financial Management.

IP = International Professional.

NO = National officer.

GS = General Service.

JPOs = Junior Professional Officers.

a/ All data are as at end of first year of biennium, except 1992-1993.

b/ Sponsored posts.

c/ All UNICEF staff includes staff at all headquarters stations and staff financed by reimbursable procurement.

d/ Estimates for beginning 1992.

/...

Table 5. General resources and supplementary funding programme expenditure in Africa, 1980-1991

(In millions of United States dollars)

Year	General resources expenditure in Africa	Supplementary funding expenditure in Africa	Total expenditure in Africa	Total expenditure in all countries	Percentage African expenditure of total
1980	42.3	12.3	54.6	251.7	22
1981	43.7	12.3	56.0	218.2	26
1982	42.9	13.2	56.1	213.0	26
1983	42.2	23.7	65.9	246.1	27
1984	46.1	32.4	78.5	243.1	32
1985	49.2	56.7	105.9	278.6	38
1986	52.2	47.1	99.3	325.9	30
1987	55.8	75.3	131.1	365.8	36
1988	61.2	84.8	146.0	399.5	37
1989	97.2	72.8	170.0	501.1	34
1990	126.0	90.4	216.4	584.3	37
1991 ^{a/}	128.5	82.0	210.5	591.0	36

Source: Programme Statistics Section, UNICEF Programme Division.

^{a/} Figures for 1991 are estimates.

24. The increases in supplementary funding contributions have come about through increases in the size and, generally, the quality of African country programmes submitted to the Executive Board and to donors. These programmes have benefited from a targeted fund-raising strategy that has Africa as its top priority. Of all supplementary funding contributions received in 1991, 29 per cent were for African countries, although 1991 supplementary funding proposals for Africa account for about 40 per cent of all proposals in the UNICEF "salesbook"; contributions to Africa in 1990 were 25 per cent of the total, while the number of proposals then comprised 52 per cent of the "salesbook". These proportions, while representing larger amounts, are lower than the 53 per cent of all supplementary funding contributions that Africa received in 1984, as shown in table 6 below.

/...

Table 6. Supplementary funding contributions to Africa, 1984-1991

(In millions of United States dollars)

Year	Supplementary funding contributions to					Total SF	
	Regular programmes in all countries	Of which to Africa	Regular programme to Africa	Emergency programmes in all countries	Of which to Africa	contributions (regular and emergency) to all countries	Of which to Africa
			percentage		percentage		percentage
1984	80.5	33.0	41	25.0	22.6	105.5	55.6
1985	80.6	13.2	16	51.1	39.0	131.7	52.2
1986	134.6	38.2	28	32.0	22.0	166.6	60.2
1987	198.7	52.0	26	28.0	22.3	226.7	74.3
1988	236.2	73.2	31	39.5	24.2	275.7	97.4
1989	189.6	65.3	34	57.3	18.5	246.9	83.8
1990	225.3	52.5	23	56.7	18.2	282.0	70.7
1991 ^{a/}	184.0	52.0	28	108.4	32.7	292.4	84.7

Source: UNICEF Programme Funding Office and Division of Financial Management.

^{a/} 1991 figures are estimates.

D. Impact of UNICEF actions

25. The priority that UNICEF has accorded to Africa has had positive results. The most telling of those is the nearly 500,000 deaths from vaccine-preventable diseases that were averted in 1990 alone as an outcome of the drive for universal child immunization (UCI), launched with the assistance of WHO and other agencies. By 1990, UCI had been achieved in 17 African countries. What is remarkable about the results is that they were achieved at a time when national incomes in Africa were declining, clearly demonstrating that national will and commitment to children can, with modest external assistance, overcome the barriers to improving the lives of African children and women. Other results include the expansion of PHC; the strengthening of health and hygiene education; the start of the elimination of *dracunculiasis*; and the increased emphasis on programme sustainability, especially in health (through the Bamako Initiative strategy), water supply (through community maintenance) and nutrition (through household food security). Despite these successes, overall gains for children have not been as much as they have in other regions, principally because political and economic stability was widely lacking in Africa, negating the potential programme impacts and destabilizing families, communities and nations.

III. FUTURE DIRECTIONS FOR UNICEF ACTION IN AFRICA

26. What is the UNICEF mission in Africa in the 1990s? Africa, as the most disadvantaged region in the world from the perspective of children and women, will remain the region of highest priority to UNICEF. In 1992, the organization's strategy was clearly established, with "improving prospects for Africa" set as the second of 11 internal corporate goals. Africa is a clear priority in the UNICEF medium-term plan for the period 1992-1995 (E/ICEF/1992/3). Consideration of the needs of Africa, and the catalytic role UNICEF could play, will be paramount in the development of all new UNICEF policy and strategy initiatives in the 1990s. UNICEF is committed to supporting the United Nations New Agenda for the Development of Africa in the 1990s called for by the United Nations General Assembly in December 1991, which also incorporates the 1990s goals.

A. National programmes of action

27. One of the greatest opportunities for African Governments and communities is to adapt and adopt the 1990s goals, reviewing the whole process of development in Africa and situating it in the context of preparing a better world for African children in the twenty-first century, based on the principle of a "first call for children". Thus, the 1990s goals would become the benchmarks by which human development in Africa would be measured. All institutions in Africa - especially, but not exclusively, Governments - need to spell out how they will arrive at a common understanding on the actions to address the needs of African children by preparing sound, credible national programmes of action as proposed by the World Summit for Children. A shared

/...

perception of the devastating impact that the current environment facing African children has on their survival and development, and the impact that these impoverished children will later have on their environment, must be developed between Africa and its development partners, and translated into a shared commitment to action. To achieve this common understanding and commitment, the global community must take a moral stand - above geo-political interests - that the rights of African children are equal to the rights of children everywhere. The ambitious 1990s goals will by no means be easy to achieve in Africa. The role of external assistance will be crucial as it is estimated that, in Africa, over 50 per cent of the resources needed to achieve the 1990s goals will have to come from the global community, compared with the one third or less required for other regions. The forthcoming OAU International Donors Conference on Assistance to African Children will be an important forum for African and donor Governments to discuss the prospects for children in Africa. At the national level, it will stimulate debate on the national programmes of action and review of each country's national programme with its development partners. More specifically, it is hoped that the Conference will lead to a process of donor commitment to support the achievement of the 1990s goals in the longer run on a country-by-country basis. On a wider scale, the conference will provide African countries with the opportunity to restructure national budgets in favour of children and women, and donor countries with the opportunity to ensure that their ongoing assistance supports and targets these groups. Some restructuring actions have already begun, with several African countries making important budgetary changes in favour of human development.

B. Country programme strategy

28. UNICEF country programmes in Africa will be integrated with and supportive of the national programmes of action. This will be enabled by the basic country programme approach, which is founded on the creation of a self-sustaining capacity for the provision of basic services for children and women. UNICEF efforts, wherever appropriate, will support decentralized structures of Governments, NGOs and communities through area-based programmes. The role of UNICEF, however, will be to assist (and not substitute for) the Government in supporting the process of decentralized change and development. These capacity-building efforts will be linked to advocacy for, and the development of, relevant national policies and national-level capacities. The empowerment of women in legal, political and economic terms will be central to this process, implying the need to provide the relevant skills and knowledge to women to enable them to define their interests, articulate their needs and participate in the decisions necessary to fulfil these needs. Partnership with local institutions, experts and NGOs and with regional technical bodies such as ATRCW, ECA, ESAMI and IPD will be fundamental to this development approach.

29. In Africa, UNICEF will place increased emphasis on sustainable strategies for development, such as the Bamako Initiative strategy, which could be adapted for other sectoral areas such as basic education and water supply and sanitation. As emergencies are expected to occur in Africa through the 1990s, UNICEF will improve the timeliness and relevance of its response, including the more rapid adaptation of existing country programmes to address emergencies created by political instability. Social mobilization strategies, emphasizing rural radio broadcasting and collaboration with indigenous NGOs, will be broadened to address more specifically the issue of behavioural change in Africa, especially with respect to the reduction of the transmission of the human immunodeficiency virus (HIV) and improvements in family hygiene practices.

30. The central theme for child survival programming in Africa will be to empower communities to build a healthy environment and to ensure access to basic health care through the development of district health services. The Bamako Initiative strategy will promote health policy development, confronting the issue of financing the sustainability and expansion of health systems as a means of increasing peoples' access to quality health services, especially the six major health interventions: UCI; the control of malaria, diarrhoeal diseases, HIV transmission and acute respiratory infections (ARI); and safe motherhood (including family spacing). Particular priorities for Africa will be to achieve and sustain UCI levels and to reduce the prevalence of malnutrition. Other strategies include the strengthening of epidemiological capacity and the rational use of essential drugs, both in collaboration with WHO. The political changes in Africa tend to create a receptive environment for popular participation in development, meaning that child and maternal malnutrition can be better addressed in Africa in the 1990s through household food security and health education.

31. The reduction of HIV transmission in Africa will demand the expansion and broader dissemination of the current experience with behaviour change, targeting youth, particularly schoolchildren and teenage parents. More effective monitoring of the impact of programmes aimed at behaviour change through evaluation will be undertaken. This will also strengthen hygiene education programmes, which are essential for reducing diarrhoea incidence in Africa. The development of national water supply and sanitation policies that support low-cost, community maintained systems will be extended. UNICEF is expected to lead United Nations agencies in supporting low-cost water supply programmes for rural communities. With better health education and disease surveillance, the elimination of dracunculiasis is possible in Africa. Particular emphasis will be placed on collaboration with the Organisation de coordination et de coopération pour la lutte contre les grands endémies (OCCGE) and the subregional Inter-Agency Technical Support Assistance Centre established in Burkina Faso with UNICEF support.

32. The longer-term benefits of future UNICEF action in Africa will be derived from the new strategies for child development programming using the Education For All strategy based on the Jomtien Declaration of the World Conference. Education will be the key element in building human capacity at

the community level and in empowering communities, especially women. Networks of government, NGO and UNICEF staff will review and formulate proposals to enable sustainable basic education to revert rapidly to being a significant element of UNICEF support in Africa that is linked to national capacity-building programmes, especially with local universities. In early child care and development, the emphasis of UNICEF action in Africa will be on assisting communities to establish and manage day-care services for children which, together with families, effectively prepare children for better learning, whether formal or non-formal. Support to community child-care arrangements, including the socialization of the child and the reduction in women's workload, will also be undertaken.

33. The concept of child protection in Africa requires extensive advocacy to gain wider acceptance at family, community and national levels. One starting point will be to sponsor a review of national legislations in Africa to see where changes are needed to bring them into conformity with the Convention on the Rights of the Child. The current period of political transition, when national constitutions and laws are being reviewed, is ideal to extend laws governing child protection. UNICEF will also extend support to family tracing services (as wars end), urban child services (as the numbers of street children - especially girls - increase) and community-based child care (as the numbers of children orphaned by AIDS increase).

C. Women

34. Changing the role and status of women is fundamental to the overall UNICEF programming strategy in Africa for the 1990s. A major thrust will be on strengthening UNICEF advocacy for the rights of women and girls, using the Convention on the Rights of the Child and the Convention for the Elimination of Discrimination against Women. UNICEF will focus on the development of alternative strategies for supporting the provision of health and educational services to women and girls unreached by conventional services. Women will be assisted, through strengthening their integration into existing institutions, to build up the economic capacity to be equal partners in community decision-making. The burden on women will be reduced by incorporating time and labour assessments into community development strategies and by integrating child care and labour-saving technologies into women's economic development activities.

D. External relations strategy

35. Future UNICEF actions in Africa will depend largely on gaining broad cross-institutional support to achieve the 1990s goals. Seeking out and drawing other partners, especially indigenous NGOs, into this effort through effective external relations will, therefore, be central to UNICEF policies in Africa in the 1990s. An important thrust will be support for the principles of adjustment with a human face at subnational and local government levels as decentralization gains ground. Advocacy for children and women will also be

supported, especially at high-level meetings such as those of the United Nations, OAU, the Commonwealth, Francophone countries and the Organization of the Islamic Conference. Technical meetings of ministers, under the auspices of OAU, will be an important channel to advocate for national policy and strategy evolution prioritizing children and women. Regional bodies such as ECA, the Southern African Development Coordination Conference, the Economic Community of Western African States, the Arab Maghreb Union and the Preferential Trade Area of Eastern and Southern Africa will also serve as forums for advocating for child survival, protection and development within the framework of their respective mandates. Other strategies include the continuation of the Day of the African Child as a global advocacy event and support for advocacy through groups such as religious leaders and professional associations. Publications will remain a key tool for creating awareness about issues affecting children and women in Africa.

36. The contribution of the National Committees for UNICEF to Africa in the 1990s will be facilitated by the joint planning of activities between them and UNICEF offices in Africa, by the establishment of "twinning" arrangements between National Committees and certain country programmes, and through the strengthening of Education for Development activities by including African educators in the preparation of curricula and materials. National Committees will continue to be important sponsors of publications, as well as of radio and television productions on Africa. UNICEF intends to strengthen relations with the media to help dispel the negative perception of Africa in the media of the industrialized world and to produce special reports on children and women in Africa, starting in 1992, that give a more balanced view of human development in Africa. Special efforts will be made to train UNICEF staff in Africa to work with the media, especially in emergency situations. A key element in strengthening communications will be the expanded use of electronic communications within, between, and to and from African countries for sharing information on the development of children and women for enhanced technical cooperation among developing countries.

37. UNICEF participation in inter-agency collaboration in the 1990s will aim at promoting coherent policies of agency assistance to national and regional capacity-building, national policy formulation and national programme development through joint sector reviews, project appraisals and evaluations with United Nations agencies, the World Bank, bilateral and multilateral donors, and international NGOs. UNICEF will advocate strongly for the 1990s goals as targets for all development agencies in Africa, particularly in the context of the United Nations New Agenda for the Development of Africa, and for the continued dissemination of information on Africa through Africa Recovery. In addition, UNICEF will promote the prioritization of Africa in UNICEF joint activities with other United Nations agencies: with WHO in strengthening district health services and on health interventions such as ARI; with ECA, FAO and WHO for the Africa Decade of Food and Nutrition (1992-2002); and with UNESCO for basic education.

E. Operational support strategy

38. The foundation of future UNICEF action in Africa will be the ongoing strengthening of UNICEF operational capacity. The establishment of a minimum core staff capacity in all offices and the upgrading to full country office status of the remaining 10 countries in Africa will occur, as appropriate. The new offices will be supported by headquarters and the relevant regional offices to ensure that they become fully functional as quickly as possible. Operational capacity will be improved by reducing vacancy rates of approved posts in Africa through pro-active and targeted recruitment, and by improving the induction of new personnel to make them effective more quickly. Regional support capacity will be strengthened through the devolution of technical advisory capacity from headquarters, including support for key programmes such as the Bamako Initiative strategy, child survival, AIDS prevention and evaluation and monitoring. Wherever possible, country programmes with similar concerns will share technical advisory capacity, including national expertise and regional institutions.

39. As outlined above, UNICEF programme strategy in Africa will require improvements in the cost-effectiveness, transparency and accountability of country programmes. It will also emphasize capacity-building over the delivery of inputs, and will focus on district- and community-level action for community empowerment. This shift in the responsibilities of UNICEF field staff will be reflected in the profile of UNICEF staff posted to Africa. UNICEF representatives and staff will be required to offer the very best in professional knowledge and advocacy skills to complement those of the increasing numbers of skilled African nationals. Changes in staff composition can be expected through the recruitment of more women, the use of more national capacity through the establishment of more National Officer posts and the increased use of national and regional expertise, as well as of local institutions. UNICEF plans to post staff of the highest competence to Africa during the 1990s, encouraging staff from all regions of the world to serve in Africa through incentives such as making service in Africa a favourable consideration for assignment to senior management positions.

40. UNICEF staff are the essential element for realizing the priority for Africa in the 1990s. Staff capacity in Africa will be strengthened, although not always in numerical terms. The expected trends in total staff numbers are shown in the medium-term plan, with Africa expected to maintain about 36 per cent of all staff. One way of increasing UNICEF capacity in Africa without increasing the number of posts beyond affordable levels will be to strengthen the competencies of staff assigned to existing posts. One attribute to be especially encouraged is multi-lingualism (important in Africa where no less than four official United Nations languages are used by different countries) to facilitate the easy transfer of staff to and within Africa. An objective of UNICEF in the 1990s will be to issue all technical, administrative and financial guidelines and all staff training materials in all the UNICEF working languages used on the continent. The knowledge of local languages will become more important as community-level actions become prioritized. Computer literacy will also be crucial as electronic

/...

communications expands in Africa. Competencies of existing staff in Africa will be improved through strengthened training programmes that focus on improving programme management, implementation and accountability, with special emphasis on programmatic thrusts such as malaria, AIDS prevention and social mobilization for empowerment. They will be further strengthened by facilitating information-sharing networks between technical staff in similar disciplines, including headquarter and regional advisers, and staff from other agencies and national and regional institutions.

41. All the above will not be possible without a significant increase in funding for programmes for children and women in Africa. General resources allocations to Africa can be expected to grow slowly, but steadily, through the decade. This growth in the levels of assistance to country programmes in Africa, while being dependent on UNICEF overall income, will be aided by Africa being the highest priority in allocations from the Interregional Fund for Programme Preparation, Promotion and Evaluation and from the global general resources-funded Programme Funds for the 1990s Goals. Increases in minimum programme budget levels during the decade also account for the growth in general resources allocations to Africa, as does the priority accorded to Africa in the allocation of any surplus general resources to unfunded supplementary funding programmes. However, the latter factor will have only a limited effect in the early part of the decade as general resources income is expected to closely match planned expenditure. General resources allocations, while still dependent on contributions, are a more reliable source of funding than supplementary funding, and thus vital for high-quality programme planning and implementation in the unstable conditions and with the weak institutional capacity in Africa. Growth in supplementary funding income is much more difficult to project as much depends on political factors, as well as on the quality of programmes submitted to the Executive Board and the size of emergency appeals. Supplementary funding contributions to Africa in the 1990s are not expected to grow much in real terms. In order to derive maximum benefit from the internal reallocations and restructuring expected in Africa towards achieving the 1990s goals, supplementary funding contributions to Africa should increase at least to the mid-1980 level of about 50 per cent of all supplementary funding contributions.

42. To ensure that sufficient resources are available, UNICEF has made Africa the fund-raising priority for the 1990s. Fund-raising strategies similar to those used for the successful UCI programmes will be deployed for this wider effort in Africa. Increases in national counterpart contributions, especially from the larger or higher-income countries, will be encouraged. Private sector fund-raising activities will be initiated in several African countries with active private sectors, while private sector fund-raising activities in industrialized countries will be expanded in 1992 with the launch of fund-raising documentation kits. To complement the fund-raising activities for UNICEF programmes in Africa, UNICEF will continue to support the allocation of increased resources to activities benefiting children and women in Africa through channels other than UNICEF. Specifically, UNICEF will encourage African Governments to restructure their budgets in favour of children and women, using resources gained from reduced military expenditure

/...

and increased efficiency. In addition, UNICEF will continue to support efforts for commercial debt relief for Africa, including debt swaps and debt buy-backs for development (where this can be done without fuelling inflation), debt conversion (under Paris Club arrangements) and structural adjustment compensatory programmes. UNICEF will also collaborate with other regional funding institutions such as the African Development Bank to develop innovative ways to finance human development programmes in Africa.

43. Maintaining Africa as the region of highest priority to UNICEF is a major challenge to the organization given the tremendous development needs of the continent and the difficulties of assuring the financial and human resources required to address them. It is a challenge that UNICEF fully accepts and intends to fulfil.

IV. CONCLUSION

44. For Africa, the 1990s goals are further away and will be a harder target to attain than for any other region, demanding a greater rate of change from current trends than has ever occurred in the development of the peoples of any region. If this task seems daunting, then the circumstances in which it will have to occur are even more challenging - increasing debt, continuing conflicts and growing pandemics such as AIDS. The prospects for success seem slim. Yet this amount of change in the human condition is possible, and even sustainable, if the right conditions are created in Africa and in the external economic environment. The challenge then is for Africa and its development partners to form a pact of mutual commitment to the achievement of the 1990s goals. This pact would aim to establish the broad conditions under which country-specific action for children could take place. The stimulus needed is simply mutual commitment and understanding. It has happened before: the pledge by one donor in the mid-1980s of support to UCI in Africa stimulated many countries to completely revamp their child health services in order to participate in the programme, with tremendously positive results, often beyond UCI programmes themselves. A similar pledge now, addressed to the issues of basic education, revitalized health care and the prevention of AIDS (and cognizant of the needs for debt reduction and conflict resolution), could stimulate African countries to revamp their social development systems to prioritize children and women. The national programmes of action are the mechanism for both African countries and their development partners to agree on the actions needed, while the forthcoming OAU conference is one opportunity for such pacts to be developed.

45. Based on the demonstrated commitment of African Governments and communities, efforts to achieve the 1990s goals in Africa can yield results many times more valuable than the contributions from external partners. Giving the highest priority to Africa is, therefore, an historic opportunity for UNICEF, for the United Nations and for the global community to contribute to and participate in the growth and development of the children and women of Africa.



Economic and Social Council

Distr.
LIMITED

E/ICEF/1992/L.5
20 March 1992

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
1992 session

POLICY REVIEW

ACHIEVEMENTS MADE IN THE IMPLEMENTATION OF THE UNICEF POLICY
ON WOMEN IN DEVELOPMENT, INCLUDING THE SITUATION OF THE
GIRL CHILD

Progress report

SUMMARY

The present report reviews the progress made in the implementation of the UNICEF policy and strategy on women in development adopted in 1987 (E/ICEF/1987/11, decision 1987/18) and in the priority focus on the girl child approved by the Executive Board at its 1990 regular session (E/ICEF/1990/13, decision 1990/17). Chapter I focuses attention on selected key areas of national policies on women, their social and legal status, their participation and decision-making capability, as well as the role of men. These areas are seen as strategic and essential conditions that influence women's access to economic resources and social development opportunities provided by UNICEF programme interventions in health, nutrition, education, water supply and sanitation and other basic services.

Chapter II details the progress made in the situation of the girl child, as requested by the Executive Board for 1992 and every second year thereafter. It analyses some of the major challenges facing girl children and adolescent girls: pervasive, negative socio-cultural attitudes; preference for male children; disparity in education; health hazards, including female genital mutilation and adolescent human immunodeficiency virus/acquired immune deficiency syndrome; early marriage; teenage pregnancy; and the growing numbers of girls in especially difficult circumstances (child prostitutes, domestic servants and victims of violence). It summarizes the responses made so far to these issues in different regions.

Chapter III suggests areas for further action, including women's legal education, economic independence and strengthened decision-making capacity; massive advocacy and mobilization to increase girls' education; eradication of female genital mutilation, early marriage and adolescent pregnancies; raising the minimum age of marriage for girls to 18 years; and mobilization of men to assume their shared responsibilities for family welfare and the survival, protection and development of girl children and women.

CONTENTS

	<u>Paragraphs</u>	<u>Page</u>
INTRODUCTION	1 - 2	4
I. PROGRESS IN SELECTED KEY AREAS OF WOMEN'S STATUS AND DEVELOPMENT	3 - 30	4
A. Overview	3 - 9	4
B. Selected key issues in women's status and development	10 - 30	6
II. PROGRESS IN THE SITUATION OF THE GIRL CHILD	31 - 94	11
A. Challenges	31 - 63	11
B. Programme responses and opportunities	64 - 94	19
III. FURTHER ACTIONS	95 - 98	28
A. Women's status and development	97	28
B. The girl child	98	29

INTRODUCTION

1. The Convention on the Rights of the Child, the World Conference on Education for All, the World Summit for Children and the human development initiative have created new opportunities in this decade to advance human rights and development opportunities of women, beginning in childhood. The new priority focus given to the girl child by the UNICEF Executive Board (decision 1990/17) and endorsed by the World Summit introduced a fundamental, long-range perspective into global efforts to change the status of women in society and increase their participation in the development process. In achieving these goals, attention should be focused on both the programmatic and strategic concerns of girls and women. Progress must be continually monitored and evaluated to ensure equity between genders.

2. The annual progress reports of 1990 (E/ICEF/1990/L.1) and 1991 (E/ICEF/1991/L.5) on the implementation of UNICEF policy on women highlighted achievements and challenges of important concern to women, particularly income generation, economic opportunities, health, nutrition, education, water supply and sanitation and other basic services.

I. PROGRESS IN SELECTED KEY AREAS OF WOMEN'S STATUS AND DEVELOPMENT

A. Overview

3. The World Summit for Children made a commitment in its Declaration to "work to strengthen the role and status of women". The Plan of Action recognized that ensuring women's equal access to and participation in development and enhancing their status would have a positive synergistic effect on the overall development process of all countries and on the survival and well-being of children. This commitment and perception reinforce the goals of the United Nations Decade for Women (1976-1985) and the objectives of the 1985 Nairobi Forward-looking Strategies for the Advancement of Women to the Year 2000.

4. UNICEF programmes of cooperation have responded increasingly to important practical concerns of women, particularly in health care, nutrition, education, income and employment, water supply and sanitation. Greater attention is now being given to addressing strategic issues for women - the nature of national policies, social and legal status, participation, decision-making and the role of men. Although interventions in practical areas help to improve the quality of life of women, their long-term positive impact depends on fundamental changes and sustainable progress in the role and status of women.

5. Sectoral interventions to improve the quality of life succeed best in a favourable environment of policies, laws, resources and popular participation. Such an environment is necessary for the well-being of women

and children in the face of deepening economic crisis, external debt, structural adjustment, economic liberalization, war, civil strife and profound political changes.

6. Economic recession, structural adjustment and high inflation continue to undermine the survival of women, who constitute the majority of the poor in many countries. Increasingly, women and adolescent girls, especially in Africa and Latin America, are forced to work for minimum wages or in the barely profitable informal sector. Most countries in Latin America and the Caribbean have reported increases in malnutrition among children under five years of age. Malnutrition among women is not well reported, but the large number (up to 20 per cent) of babies born with low birth weight in Africa, Latin America, the Caribbean and South Asia is an alarming indicator.

7. Such recent events as the crisis resulting from the situation between Iraq and Kuwait, changes in South Africa and the democratization process seem to have direct consequences with regard to the role and status of women. However, much closer monitoring and systematic studies are needed before definitive assessments can be made. The repatriation of workers from South African mines to the front-line States seriously diminishes family incomes as remittances are curtailed. The situation between Iraq and Kuwait presented similar challenges to women and their families in Bangladesh, Egypt, Morocco, Pakistan, the Sudan, Yemen and Viet Nam.

8. Malnutrition and ill health threaten over 250,000 children under the age of 12 years. Unemployment in Viet Nam, which reached nearly 20 per cent in urban areas in 1990, rose even higher with the return of 17,000 workers from Iraq and approximately 90,000 workers from Eastern Europe. Recent pressures have led, for example, to a decline in the coverage of the day-care centre network in the country, and underscore the urgent need for adequate policies and laws to protect and empower women to fulfil their responsibilities and share in the determination of the future development of their countries.

9. Environmental considerations form a major dimension of any analysis of the situation of women in development. Any sustained improvement in the environment requires women's active involvement and participation because of their role as resource managers, food producers and educators, particularly in female-headed households. Such linkages between women, children and the environment, together with UNICEF programmes of cooperation which address this issue, have been the focus of a number of studies and activities throughout the past year. The UNICEF paper prepared for the symposium "Women and Children First" in May 1991, sponsored by the United Nations Population Fund (UNFPA) and UNICEF, was the first of a series of substantive UNICEF inputs on women, children and the environment leading up to the United Nations Conference on Environment and Development.

B. Selected key issues in women's status and development

National policies regarding women and development

10. During the United Nations Decade for Women, most countries made commitments to give priority to the formulation of coherent national and sectoral policies for the advancement of women. However, this objective has yet to be achieved in many developing countries. Several countries report that the absence or inadequacy of national policies on gender and women's issues is due mainly to insufficient political will, lack of reliable data and frequent changes in the institutional base for policy formulation.

11. UNICEF promotes national and sectoral policies for the advancement of women through advocacy, policy-oriented research and technical cooperation. Major policy-oriented studies have been carried out on the impact of the economic crisis and structural adjustment on women (Argentina, Brazil, Dominican Republic, Ecuador, Haiti and Jamaica). In 1991, the National Women's Federation of Tunisia and UNICEF jointly established a research centre to focus on policy and advocacy issues regarding women and development. A study on Women in Difficult Circumstances was published by the Government of Mozambique in 1991 to draw the attention of policy makers and planners to the plight of women living in war and crisis situations. The concept of "women in especially difficult circumstances" has also been articulated by the Governments of Namibia and Pakistan in their country programme submissions to the Executive Board, which emphasize the need to develop active, rather than remedial, policies and strategies for poor and disadvantaged women.

12. Several countries are engaged in collecting gender-disaggregated data and developing socio-economic indicators on women to improve policy formulation. For example, the Central Agency for Public Mobilization and Statistics of Egypt and UNICEF conducted a joint study in 1991 on Women's Participation in the Labour Force. This study helped to modify census definitions of unpaid family work and counted women's participation in both the formal and informal sectors. As such, it revealed a higher participation rate for women than the census data showed (from 7 per cent in 1975 to 37 per cent in 1988, as opposed to 7 per cent in 1976 to only 10 per cent in 1986 in the census). It further exposed the severe constraints that child-rearing and family responsibilities place on women's employment and the importance of education in increasing women's employment opportunities. National and international policy formulation for women has been greatly facilitated by the 1991 inter-agency publication The World's Women, 1970-1990: Trends and Statistics.

13. During 1991, UNICEF continued to provide policy support to existing and new national machineries created to articulate women's concerns and to monitor progress in over 40 countries. UNICEF sponsored and facilitated the first-ever national workshop organized in June 1991 by the newly established Department for Women's Affairs in the Office of the President in Namibia to enable women from all parts of the country to identify their priorities. This Department used the conclusions of the workshop to formulate proposals for the country's Transitional Development Plan and other national policies. Prior to

the National Land Conference of Namibia in June 1991, UNICEF sponsored senior staff of the Department and other counterparts on a working visit to the neighbouring countries of Botswana and Zimbabwe to study the issues of women's rights and access to land. This resulted in the adoption by the conference of a resolution to protect women's access to land.

14. In the Latin American and Caribbean region, women's bureaux in 20 countries received support to strengthen their capacity to cooperate with other government agencies and NGOs to promote policies in favour of women. In Colombia, studies on socialization and role formation, gender, profiles of women and girls, as well as a seminar on women and human rights, formed part of UNICEF support given to the Presidential Advisory Office for Youth, Women and the Family in its task of preparing an Integrated Policy for Colombian Women. Active advocacy involving parliamentarians from regional Governments has resulted in the adoption by the Andean Parliament (Bolivia, Colombia, Ecuador, Peru and Venezuela) of the theme of "Women in the development and integration of the Andean area" for its May 1992 meeting in Caracas, Venezuela.

15. In India, Indonesia, Malaysia, the Philippines and Thailand, policy support is aimed at consolidating the various needs of women. In India, an independent National Commission on Women has been established to provide policy support and to monitor progress. New opportunities were created in many countries by the preparation of the national programmes of action for the 1990s which incorporate appropriate policy goals and targets to improve the status and quality of life of women.

Social and legal status

16. In many countries, the low status of women is one of the major obstacles to their advancement. Low social status often begins at birth where preference for male children, undervaluation of women's work and a perception of daughters as a social and economic liability influence the investments that families and societies make in them. Customary, religious and civil laws in many countries discriminate against girls and women, even where the national constitutions accord them equal rights. The most serious concerns are over women's rights in marriage, inheritance, ownership of land and other property and access to credit. Another area of serious concern is violence against women.

17. However, significant changes have taken place in many countries in Africa, the Middle East and South Asia as a result of education, new, more favourable laws and demands for women's rights. UNICEF is promoting the review of existing laws in Belize, Botswana, Colombia, El Salvador, Guatemala, Kenya, Papua New Guinea, the United Republic of Tanzania and other countries. Some countries (Burkina Faso, Cape Verde and the Niger) have revised their family codes to ensure women's rights in inheritance, marriage and divorce.

18. In the Dominican Republic, UNICEF assisted the Women's Bureau and the Coordinating Association of non-governmental organizations (NGOs) in a social communications campaign for legal reforms in favour of women. A television

/...

spot called "Legislate for Women" is aired regularly and a project is being prepared to establish clinics for women throughout the country to provide legal education, aid and counselling. UNICEF has joined a group of donors, including the Danish International Development Agency, the Swedish International Development Authority, the Ford Foundation, the Canadian International Development Agency, the Swedish Agency for Research Cooperation with Developing Countries, the United States Agency for International Development (USAID) and the Nuffield Foundation, to support a major research project on "Women and Law in Southern Africa", started in 1988. Covering Botswana, Lesotho, Mozambique, Swaziland, Zambia and Zimbabwe, the project has produced policy-oriented reports, influenced legislation and mobilized women in different communities to learn about their legal rights.

19. Zimbabwe has passed the Legal Age of Majority Act which frees women from the permanent control of their fathers; the Matrimonial Causes Act which protects a divorced woman's rights to property jointly acquired during marriage; and the Sex Disqualification Act, which forbids sex discrimination, especially in employment. Other countries are using legislation to improve the health and working conditions of women. In Tunisia, women working in the public sector have been granted six months maternity leave. Similar legislation has been drafted in Thailand to extend maternity leave to 90 days with full pay and a further three months without pay. The new legislation will enable new mothers to have adequate time to rest and breast-feed exclusively.

20. The enactment of laws is a positive step, but to be effective the laws must be enforced. For example, in Indonesia, the legal age of marriage is 16 years for girls and 19 years for boys, but many girls marry before the age of 16. This has necessitated action on the part of the Office of the State Minister for the Role of Women, the Department of Religious Affairs and several women's organizations to conduct nationwide advocacy on the implementation of the marriage law, stressing the adverse effects of early marriage on the health and well-being of children and women.

Participation and decision-making

21. New opportunities appear to be opening up for women to increase their participation and decision-making in the democratization process now taking place in many countries. UNICEF has used advocacy, as well as information gained from its substantive national situation analyses, to support women in this process. In a nationwide mobilization in Guinea, 1 million women were informed about their role in democratization and changes in the development process. The Government of Zimbabwe has conducted training courses to inform over 600 women political representatives of their rights. Similar support was given to a national seminar for the new Ministry for Women in Development and for women in parliament and women members of the various levels of the National Resistance Committees in Uganda.

22. Innovative approaches that involve women in decision-making at decentralized levels are being tested. Thus the UNICEF office in Colombia has

assisted in the establishment of a unit for women in the Mayor's Office in Cali in an effort to institutionalize women's policy and participation at the municipal level. This complements the community- and village-level participation by women's groups and NGOs which has been well developed, with UNICEF assistance, in several other countries. In India, a proposed Panchayat Bill for the decentralization of power has advocated at least 30 per cent participation of women at all levels, starting with the level of community-based organizations.

23. In other contexts, Governments have supported or encouraged the participation of women through mass organizations and associations. Some of these, like the All-China Women's Federation and organizations for women in Cambodia, Cape Verde, Ethiopia, Mozambique and Viet Nam, have collaborated with UNICEF in advocacy and programme delivery for women and children. The status of many of these organizations has changed in the process of democratization and political change. The dismantling of the Revolutionary Ethiopian Women's Association and other mass organizations in Ethiopia has left a vacuum in the capacity to implement programmes at regional, district and local levels that has yet to be filled. In Viet Nam, the Women's Union, which had taken a leading role to promote children's health and women's issues, is faced with the withdrawal of government salary support to its central staff, making it difficult for the Union to carry out its development activities. Furthermore, basic service programmes in health, in implementing the strategies of the Bamako Initiative and in water supply and sanitation need to develop suitable mechanisms for women to share in decision-making and management. This is especially important where community cost-sharing, community management, time and labour contributions are involved in increasingly liberalized and privatized economies.

The role and participation of men

24. The participation of men in child survival and development activities, as well as in the advancement of women, has been recognized and emphasized by the UNICEF Executive Board. Article 5 of the Convention on Elimination of All Forms of Discrimination against Women (CEDAW) also urges States parties to take appropriate measures to modify social and cultural patterns of conduct of men and women with a view to eliminating prejudices and stereotypical roles based on the inferiority or the superiority of either sex.

25. Much remains to be achieved in these areas. Present efforts in UNICEF increasingly include men in gender training programmes for key national officials and project managers as well as for UNICEF staff. In addition, UNICEF advocacy and social mobilization activities have reached many religious and community leaders, parliamentarians and high political officials in all regions. The successful programme of the Barbados Area Office on "better parenting" emphasizes men's shared responsibilities in family welfare, child care and women's development. Within that programme, active campaigns by the Child-Care Board of Barbados have generated national discussions in the media, the workplace and the home.

/...

26. Many countries have stressed the need to intensify the mobilization and involvement of men, particularly in women's and children's health and education, family planning and safe motherhood. In November 1991, a national safe motherhood conference in Namibia, supported by UNICEF and UNFPA and presided over by the President of Namibia, strongly emphasized the role of men in its major recommendations. In many countries men decide on family planning and the schooling of children, often to the detriment of women and girl children. This calls for greater advocacy for men to change their attitudes. In the area of health, a 1991 evaluation study of the impact of the human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) education and social communication in Uganda showed a positive trend of women changing their sexual behaviour. However, men were not changing their behaviour as fast, thus continuing to place women at high risk of infection.

Capacity-building and training

27. An increasing number of countries are improving the capacity of their personnel through training in gender analysis and gender-responsive planning, with assistance from UNICEF and other organizations. In Indonesia, the Office of the State Minister for the Role of Women has conducted such training for decision makers, planners and programme managers to increase their awareness of the specific needs of women and girl children in the development process.

28. Similar orientation and training of key personnel have been given with UNICEF assistance in Brazil, Chile, the Dominican Republic, Ecuador, Ethiopia, Kenya and the Philippines. In Kenya, training was conducted for district-level officials and programme implementers so that planning at all levels could reflect effectively gender and women's concerns. In Ecuador, an inter-agency committee comprising UNICEF, the United Nations Development Programme (UNDP), UNFPA, the World Food Programme (WFP), the United Nations Development Fund for Women (UNIFEM), the World Health Organization (WHO)/Pan American Health Organization (PAHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), USAID and the Cooperative for American Relief Everywhere, Inc., prepared a common gender training package for project managers, implementers and beneficiaries. The regional programme for the empowerment of women in Latin America and the Caribbean has organized workshops on gender analysis and experience exchange on policies and programmes.

29. Capacity-building for UNICEF staff is also progressing using a multi-pronged strategy. In 1991, 100 education programme officers, regional advisers and senior programme coordinators in the Middle East and North Africa, English-speaking Africa and Asia regions were trained on a module on "gender and formal and non-formal education". Similar training in education for French-speaking countries and regional training in water supply and sanitation with a new gender module are scheduled for 1992.

30. Several country offices have also undertaken gender training for their staff. Two UNICEF regional networks on women in Latin America and the Caribbean and Eastern and Southern Africa focused on gender training in their

/...

annual meetings in 1991. In October 1991, the Women in Development Subgroup of the Joint Consultative Group on Policy organized a training seminar in Yaounde, Cameroon, on gender and women's issues for 35 senior staff of UNICEF, UNDP, UNFPA, WFP, the International Fund for Agricultural Development (IFAD) and 12 senior officials, including three ministers, from nine countries (Burundi, Cameroon, Chad, the Central African Republic, the Congo, Mauritania, Rwanda, Sao Tome and Principe and Zaire).

II. PROGRESS IN THE SITUATION OF THE GIRL CHILD

A. Challenges

31. The girl child is defined within the context of the Convention on the Rights of the Child as a girl from birth to 18 years of age. Different countries, of course, have different ages of majority and varying legal age provisions for marriage, civil rights and obligations. Within the broad range of girl children, certain age cohorts (up to 5, 6-10, 11-15 and 16-18 years) may be specified to distinguish the incidence, severity or diversity of particular issues. Gender-disaggregated research on children is in its infancy in most regions, except in a few countries (Bangladesh, India, Indonesia, Nepal and the Philippines). The available data and anecdotal evidence indicate a complex set of challenges that have resulted from systemic and institutionalized discrimination, undervaluation and underinvestment in girl children.

Demographic challenge

32. The magnitude of the problems may be appreciated from a demographic perspective. For example, women constitute approximately 52 per cent of the population of Africa, where nearly 55 per cent of the total population is under 20 years of age. In 1990, girls up to 15 years of age as part of the female population constituted 40 per cent in Egypt and Morocco; 44 per cent in Algeria and Mauritania; 45 per cent in Ethiopia and Mali; 46 per cent in Djibouti and Somalia; 48 per cent in Nigeria, Uganda and the United Republic of Tanzania; 50 per cent in the Côte d'Ivoire; and 52 per cent in Kenya. In numerical terms, there were over 10.6 million, 6.5 million and 27.4 million girl children under 15 years of age in Egypt, Kenya and Nigeria, respectively. 1/

33. In South Asia and China, there is a historical excess of males because death rates in young age-groups are relatively higher for girls than boys. Even so, the size of the girl child population is impressive. In 1990, the number of girls aged 0 to 15 years old was 24.7 million in Bangladesh, 143.3 million in China, 152.6 million in India and 27.1 million in Pakistan. Although the proportion of girls under the age of 15 years in the female population dropped to about one third in Latin America and the Caribbean region between 1970 and 1990, that figure remains significant in view of the high incidence of adolescent pregnancy. In 1990, the proportion of girls under 15 years of age in the female population ranged from 29 to 45 per cent

/...

in Argentina, Bolivia, Colombia, Guatemala, Jamaica and Peru. Girl children under the age of 15 numbered over 27.4 million in Brazil, 5.7 million in Colombia and 16 million in Mexico. 1/

Social and legal status

34. The constitutions and laws of most countries affirm the equal rights and status of women and men from birth. As a result, it is often difficult to document incidences of inequality and disparity. Among the discriminatory cultural values, preference for sons is especially prevalent in Africa (the Gambia, Guinea, Kenya, the Niger, Nigeria, Somalia, Uganda and the United Republic of Tanzania); the Middle East and North Africa (Egypt, Jordan, Morocco, the Sudan, the Syrian Arab Republic, Tunisia and Yemen); and Asia (Bangladesh, China, India, Nepal, the Republic of Korea, Malaysia and Pakistan), where it is perhaps at its strongest. These societies place a premium on having sons. For example, proud fathers in Guinea, Nepal and Pakistan pay higher fees or rewards, sometimes twice as high, to midwives and birth attendants for delivering baby boys rather than baby girls. Even modern science has been pressed into action to support the discrimination against girl children; through in utero diagnosis by amniocentesis and ultrasound, an estimated 78,000 female fetuses were aborted in India between 1978 and 1983. 2/

35. From early childhood, girl children in many cultures are socialized to be self-sacrificing persons destined for biological reproduction and service to others, especially to males in their families and communities. Despite national constitutions and civil laws, many traditional cultures teach girls and women to perceive themselves as social minors in relation to boys and men.

36. By contrast, the boy child is valued as the future primary economic provider for his family and ageing parents. He is also expected to continue the family name, social power and religious traditions. As such, boys are given priority in the allocation of family resources. They are the only ones who can inherit family lands and other properties from their fathers in many countries in Africa, the Middle East and South Asia. In cases of severe poverty, the family resource allocation and investment become even more skewed, to the detriment of girl children. An ironic dimension of the problem is that very often women as wives, mothers, aunts and mothers-in-law are the principal inculcators of the restrictive values and practices in girl children because of their own cultural conditioning. This suggests that the earlier the status of women changes and economic independence and political participation are assured, the easier it will be for girl children to look up to more positive role models as they grow up.

Health and nutrition

37. Challenges that face girl children in health and nutrition tend to be age- and region-specific. In the Americas and the Caribbean, there seems to be no discernible difference in the health care and nutritional status of girls and boys. Only anecdotal evidence suggests some gender differentials in

poor, mainly indigenous, communities (Bolivia, Chile, Ecuador and Guatemala), but this requires better research. Most sub-Saharan African countries also show no significant differences in morbidity, malnutrition and mortality between girl and boy children under five years of age. In fact, most countries in the two regions report a slightly better health and nutritional status of younger girls.

38. Disparities among African girl children emerge from age six years onwards and become exacerbated after puberty. At six years of age, most African girls become veritable work partners of their mothers, sharing their heavy burdens in households, farms and markets. In the gender-biased setting, girls learn to deny their own nutritional requirements in favour of younger children and male members of the household. Eating last and least, after the boys and men, is common practice, particularly in poor rural areas. Such practices, together with food taboos surrounding puberty and pregnancy and excessive workload, have contributed to an estimated incidence of iron deficiency anaemia of 75 per cent among African women aged 15 years and older.

39. In many countries, at the onset of puberty the girl child's social education into womanhood often culminates in initiation rites. While many customary initiations have important socio-cultural and educational value, some procedures create serious current and future health problems for girl children. Of all the health hazards, female genital mutilation (female circumcision, excision, infibulation, etc.) in continental Africa and the Middle East is cause for greatest concern. Harmful practices occur among various ethnic and cultural groups in a large number of countries (Burkina Faso, Chad, Djibouti, Egypt, Ethiopia, Guinea, the Islamic Republic of Iran, Liberia, Mauritania, Nigeria, Oman, Sierra Leone, Somalia, the Sudan, Uganda and the United Republic of Tanzania). Female genital mutilation is performed on young girls from ages 2 to 15 years, sometimes with coercion. The rates range from 50 per cent to over 90 per cent of the female population. Factors which perpetuate the practices include socio-cultural beliefs, tradition, male supremacy, economic interest and the inability of women to defend their rights. The practices result in painful and difficult sexual relations for adolescent girls and women, as well as psychological trauma, infections, obstructed labour and difficult child-bearing, some of which lead to maternal deaths. 3/

40. The health and nutritional problems of the girl child in South Asia, the Middle East and North Africa start in infancy. Mothers tend to breast-feed baby girls for shorter periods and provide them with less adequate supplementary foods than their brothers (Bangladesh, Egypt, India, the Islamic Republic of Iran, Pakistan, the Sudan, the Syrian Arab Republic, Tunisia and Turkey). Malnutrition in girls in these countries deteriorates rapidly as they approach puberty and menarche. This important period of growth is seriously compromised where nutritional taboos also limit the protein and iron intake of pubescent girls. Since there is scientific evidence that the pre-pubescent and early adolescent period provides the most critical and last opportunity for girls to "catch-up" on their growth and make up for nutritional deprivations suffered in childhood, innovative and flexible

programmes are urgently required to meet the health and nutritional needs of adolescent girls in all regions. 4/

41. Access by gender of children to health care differs much more significantly in South Asia, the Middle East and North Africa than in other regions. Immunization, for example, is higher for boys than for girls in Bangladesh, Egypt, India, Pakistan and Tunisia. Evidence from urban and rural studies in Bangladesh, India, Nepal and Pakistan shows that parents are more likely to spend time, effort and money to bring boys to hospitals and health centres for common childhood ailments. As girls enter adolescence, the tradition of female seclusion and restrictions on interaction with male health workers further limit their access and opportunities for health care. The short- and long-term effects include higher female child mortality rates; lower female life expectancy; and unfavourable and declining ratios of women to every 100 men in several countries (94.1 in Bangladesh; 93.3 in Bhutan; 94.3 in China; 93.5 in India; 94.8 in Nepal and 92.1 in Pakistan). 5/

Early marriage, pregnancy and child-bearing

42. Early marriage, pregnancy and child-bearing under 18 years of age remain very high in all regions. These conditions continue to exist despite the well-established negative correlations with the health of women and children, women's education, personal development, acquisition of skills and qualifications for employment. They force girls to assume parental and adult responsibilities before psychological and physiological maturity. Young adolescent mothers also face higher risk of having pregnancies that are too early, too close and too numerous. At present, adolescent girls account for approximately 25 per cent of the unacceptably high maternal mortality rates of 500 to 1,800 per 100,000 live births found in many countries in Africa, the Middle East and South Asia.

43. The reasons for early marriage and teenage pregnancy vary within cultural and socio-economic contexts. There is some indication, for example, in Central America, the Caribbean and a few other countries that some 16- to 19-year-old girls, especially from low-income communities, seek personal recognition and emotional security by having children. However, there is not much reliable evidence that girl children from 10 to 16 years old generally make conscious decisions and choices to get married or have children early. Child marriage, early pregnancy and child-bearing appear to prevail because of religious and social values, parental anxieties about the loss of girls' chastity, societal pressures, illiteracy or disillusionment with school, the desire for many children, unbearable demands of dowries and, above all, poverty.

44. Of particular concern is the marriage of girl children under the age of 15 years that occurs in several countries in Africa. In the Kaduna and Bauchi states of Nigeria, the percentage of married girls between the ages of 9 and 15 are 63 and 79 per cent respectively. By 19 years of age, over 30 per cent of girls in the United Republic of Tanzania are married and/or have children; 50 per cent in Liberia, Malawi and Namibia; 69 per cent in Ethiopia; and 90 per cent in the Bauchi and Niger states of Nigeria.

45. Traditionally, rates of early marriage and/or motherhood have been high in South Asia, the Middle East and North Africa. Although the minimum legal age of marriage for girls in Bangladesh is 18 years, a recent survey found that 73 per cent of girls married by the age of 15 years and 82 per cent by the age of 16 years. 6/ The legal minimum age of marriage for girls in Nepal and Pakistan is 16 years with parental consent and 18 years without it. This implies that at 16 years of age girls can assume the major responsibilities of marriage, pregnancy and child-bearing, but are not considered mature enough to decide for themselves if this is what they should do. In reality, many girl children are married by 12 to 15 years of age in Bangladesh, India and Nepal. In East Asia, early marriage is reported to be prevalent among certain socio-cultural or ethnic groups in Indonesia, the Philippines and Thailand.

46. Marriage of girls aged 10 to 14 years is reported in several countries in the Middle East and North Africa (Algeria, Djibouti, Oman, the Sudan, the Syrian Arab Republic and Yemen). The rates increase from 15 to 19 years of age, especially in rural areas. Thus, one third of rural girls in the Syrian Arab Republic marry before 18 years of age. In the Islamic Republic of Iran and the Sudan, 13 and 33 per cent, respectively, of girls aged 15 to 19 years are mothers. There is a serious human and social impact of such early marriages and child-bearing. The young girls spend almost 80 per cent of their lives pregnant, nursing and caring for children and serving and working for their husbands, in-laws and other family members.

47. The available evidence in Latin America and the Caribbean, however, suggests that the early initiation of sexual activity and teenage pregnancy - more than early marriage - limit the development potential of girl children. Sexual activity of girls under the age of 15 years appears to be increasing, while the levels for 15- to 18-year-olds range between 20 and 60 per cent in several countries (Argentina, Barbados, Bolivia, Brazil, Colombia, the Dominican Republic, Guatemala, Honduras, Jamaica, Mexico, Peru and Venezuela). In the absence of effective sex education and contraceptive practice, adolescent pregnancy rates are high. Between 1980 and 1988, births to girls under 15 years of age increased by 32 per cent in Venezuela, and in 1990, there were an estimated 70,000 pregnant adolescents. Argentina had 92,000 unmarried mothers between 12 and 18 years old. In 1990, 25 per cent of pregnancies reported in public hospitals in the Dominican Republic were of girls under 15 years of age; while in the Caribbean, 60 per cent of first babies were born to teenagers.

48. Teenage pregnancy is also reported to be on the rise in several countries in Africa (Botswana, Cameroon, the Congo, Ghana, Lesotho, Swaziland, Uganda, Zambia and Zimbabwe) and in Asia. Increasing poverty, urbanization, weakening family ties and changing lifestyles partly account for this. A 1991 demographic and health survey in Colombia revealed that for every married adolescent girl, 2.7 girls were living with men in non-legal unions. Resulting pregnancies force many girls to drop out of school, and separations are frequent. The above conditions increase the number of poor women heading their own households, who now account for 30 to 50 per cent of all households in Latin America, the Caribbean and Africa.

49. Septic abortions, sexually transmitted diseases (STDs) and HIV/AIDS are among the serious health consequences of the situations described above. Abortions are generally underreported for social, legal and religious reasons. But WHO and UNFPA data indicate high levels of unsafe and septic abortions in nearly all regions. A 1989 study of abortions in Brazzaville, Congo, showed that of those having abortions, 67 per cent were students, 48 per cent girls under the age of 19 years and 55 per cent unmarried women. The comparatively early age of marriage and sexual activity puts girls at great and early risk of STDs and HIV infection. For example, in Zimbabwe, the HIV infection rate among 15- to 19-year-olds is reported to be six times higher in girls than in boys. The situation is aggravated where older men are reported to be seeking younger girls as partners in the hope of avoiding infection, without any assurance that they themselves are not already HIV-positive.

50. Reporting of HIV/AIDS is improving in Latin America and the Caribbean, as well as in the Middle East and North Africa, but there are insufficient age- and gender-differentiated data. The situation in Asia poses potentially tremendous dangers for girl children and women. An early warning is given in Thailand where in 1990, 43 per cent of HIV-positive women were between the ages of 15 and 19 years. Only 4.3 per cent of boys in the same age-group were HIV-positive. Projections indicate that by 1995 there will be more women than men with HIV/AIDS in Thailand.

Education and literacy

51. The social and cultural values, practices and conditions analysed thus far have a direct impact on the educational opportunities and achievements of girl children. In regional aggregate terms, the widest gender disparities in primary education exist in Africa, the Middle East and South Asia. In Latin America, the Caribbean and East Asian countries, gender disparities in young girls are found mainly among certain disadvantaged socio-cultural, ethnic or geographic groups.

52. In Africa, a ratio of one girl to two boys in primary school is common. In 1990, over 20 million girls aged 6 to 11 years were not in school. Several countries have remarkably small proportions of girls enrolled in school - lower than 25 per cent in Burkina Faso, Chad and the Gambia and 37.2 per cent in Guinea-Bissau. Even where enrolment of girls has been high, approaching parity with boys (Cameroon, Congo, Senegal, Swaziland, the United Republic of Tanzania and Zaire), or surpassing the rates for boys (Botswana and Lesotho), disproportionately high drop-out rates tend to offset the gains of initial primary education. Thus, in northern Cameroon, 78 per cent of girls aged 11 to 12 years drop out during their last year of primary school. In the United Republic of Tanzania, where gender parity was attained under universal primary education in 1986, fewer girls enter secondary school owing to poor performance and high pregnancy-related drop-out rates. The consequences of these trends are seen in the wide gaps in literacy between women and men between the ages of 20 and 24 years, which averaged 20 per cent in 1990. 7/ Urban-biased development approaches have also resulted in an average

illiteracy rate of 75 per cent among young rural women aged 15 to 24 years, compared with a figure of fewer than 50 per cent in urban areas. In some rural areas (the Gambia and Guinea-Bissau), the illiteracy rate for women is over 90 per cent.

53. In the Middle East and North Africa, more than 70 per cent of women aged 25 years and over are illiterate. However, primary school enrolment rates for girls have increased significantly in recent years to over 75 per cent in several countries (Algeria, Egypt, Jordan, Morocco and Tunisia). Other countries (Djibouti, the Sudan and Yemen) still have wide disparities. In Djibouti, only 9 per cent of women (compared with 15 per cent of men) are literate. In Yemen, recent estimates show a ratio of 24 girls to 100 boys enrolled in primary school. In the Sudan, more than 50 per cent of girl children aged 10 to 14 are illiterate and the situation is not helped by a tradition of single-sex schools, two thirds of which are for boys.

54. Primary school enrolment rates for girls have also been increasing in South Asia in recent years and, in several cases, faster than for boys. Nevertheless, in 1990 over 30 million girls (35.4 per cent) aged 6 to 11 years did not attend any school. Preliminary results of the 1991 census in India show an encouraging but slow trend in which female literacy rose from 30 per cent in 1981 to 39 per cent in 1991. However, significant regional variations exist, with 87 per cent in Kerala and only 21 per cent in Rajasthan. It is also of concern that more than half of five- to nine-year-old girl children in India and 65 per cent aged 10 to 14 years are illiterate. Nearly one third who enter class I drop out before entering class II. Bangladesh, Nepal and Pakistan show similar trends in low participation and retention of girls. Girls in rural areas of Pakistan have less than half the chance of boys to get a primary education, where 70 per cent of primary schools are for boys and women teachers are in short supply. In East Asia, educational levels of girls are generally higher, but gender disparities exist in more disadvantaged cultural minority or geographic groups in some countries.

55. Among the complex factors that make parents and societies underinvest in girls' education are poverty, women's low status and economic dependence, preference for male children, social concerns about girls' moral safety, early marriage, teenage pregnancy, inappropriate school facilities, limited job opportunities and uncertain economic returns. The worsening economic crisis, structural adjustment and various cost-recovery programmes are also reported to have a negative impact on girls' education (Algeria, Ghana, Peru, Zambia and Zimbabwe). Faced with scarce financial resources, parents have been known to withdraw their daughters and keep their sons in school, regardless of which children display greater aptitude or achievement.

Workload

56. Children in poor families are an essential part of the labour force. They undertake important household tasks and support economic activities to ensure family survival. These activities are considered part of children's

/...

training for life in most societies. But gender and culture influence the allocation of the tasks and girl children bear a disproportionate share. A UNICEF-supported study of children's time use in Nepal in 1990 concluded that rural girl children aged 10 to 14 years worked twice as many hours as boys and in urban areas the burden was more than twice as high. 8/

57. Most of the "feminine" responsibilities assigned to girl children from age five or six years are not only time-consuming, but span most of every day. This presents serious conflicts for the girls' health and educational development, especially where schools and clinics are located far from home and the programmes entail long hours. Heavy housework and the need to assist overworked mothers have been reported by many countries in all regions as important causes for girls of 6 to 11 years of age to drop out of school.

58. By contrast, household tasks assigned to boys (e.g., fetching water and animal fodder or selling) tend to be intermittent and less demanding and can be undertaken outside of school and clinic hours. In general, boys do not share their fathers' responsibilities so early in life and they have time to play and engage in physical exercise. Girl children have little or no such time, as they assume many adult responsibilities before the age of 10 years. These differences in the care and upbringing of children call for bold, sensitive and imaginative responses if girls are to enjoy their full rights.

Girls in especially difficult circumstances

59. UNICEF has assumed an increasing role in advocacy and direct assistance to children in especially difficult circumstances. Children in armed conflicts and working and street children in urban areas have received particular attention. It is important now to identify more clearly the gender dimensions of children in especially difficult circumstances and respond to them appropriately. For instance, street children are predominantly boys, but street girls, as studies in Brazil and the Philippines show, face greater socio-cultural disorientation and sexual abuse. 9/

60. Thousands of girls are caught in difficult, gender-specific circumstances. It is estimated that there are over 1 million girl prostitutes in both Brazil and Thailand. Growing female poverty and unemployment among youths have been cited as major causes for the rise in the number of girl prostitutes in several other countries. The sale or bondage of young rural girls from 10 or 11 years of age as "domestic servants" to wealthy families contributes to the problem. Large-scale traffic is reported in the Dominican Republic, where an organized prostitution ring has exported an estimated 200,000 girls and women to Europe for "domestic work".

61. Age- and gender-differentiated data on HIV/AIDS are incomplete, but indications from the Philippines and Thailand give cause for alarm about the health and well-being of the growing number of girl prostitutes. Tests conducted by various laboratories in the Philippines have shown that nearly half of the HIV-positive individuals (125 out of 253 in 1991) are girls and women aged 15 to 45 years, and most of them are commercial sex workers.

Although not fully explained, HIV/AIDS is quickly becoming a girl child problem in the Côte d'Ivoire, where adolescent prostitution is known. Seropositive prevalence rates in 1989 were higher for both rural and urban girls aged 15 to 19 years than for boys of the same age-group. This was not the case with women over 20 years of age. Reported AIDS cases in 1990 showed the same pattern for girls in the 15- to 19-year-old age-group. There is an urgent need, therefore, to direct specific health initiatives and economic and social empowerment efforts to girls in especially difficult circumstances in this decade.

62. Less visible and less well reported are girl domestic servants (housemaids) and victims of violence. Social, cultural and legal barriers make it difficult to report or collect evidence on these cases. In several countries in Latin America, the Caribbean, Asia and Africa, young domestic servants commonly work for very long hours with inadequate food or opportunities for health care and education. Studies in Ecuador show that girls begin working between four and seven years of age; by the age of 12 years, 90 per cent are working either as "domestic employees" or "baby-sitters". Those who are paid earn substantially less than working boys of the same age-group.

63. Several countries report that domestic servants and other young working girls are often subjected to physical violence and sexual abuse in the families where they work. In Malaysia, abused girls outnumber boys by three to one. A 1991 study in Santo Domingo, Dominican Republic, showed that 77 per cent of sexually abused children were girls and most incidents involved male members of their own family. Domestic violence is currently the sixth leading cause of death of women in that country. In Bolivia, 70 per cent of domestic servants who are raped are girl children under 15 years of age. Finally, there are girls in especially difficult circumstances who experience serious incidents of violence and rape in war situations (Liberia and Somalia).

B. Programme responses and opportunities

64. Significant progress in improving the situation of the girl child requires increased awareness, political will, commitment and concerted policy and programme actions at family, community, national, institutional and international levels. Advocacy to raise awareness and promote national and international policies is a necessary first step. It facilitates the implementation of concrete programme interventions which, so far, have been limited. However, the long-term sustainability of actions in favour of the girl child can be assured only if they are linked to a determined programme of poverty alleviation.

65. The UNICEF focus on the girl child represents a significant breakthrough in approaches to women and development. It views the issues of women's status, development and participation from their social and cultural roots within the family and community. It helps to identify the critical stages in the lives and early development of women where preventive interventions can

/...

make a lasting difference. The girl child approach also introduces gender sensitivity into human development from the earliest stage.

66. UNICEF efforts to eliminate discrimination and reduce disparities are strongly rooted in the development of the girl child. The growing pursuit of analysis of girl child issues and practical actions is widening the scope and vigour of the organization's contribution to women and development. It has created greater harmony between various women's movements and children's concerns. It has galvanized new partnerships between UNICEF and professional, cultural and religious groups, as well as groups concerned with the environment and peace. It has also brought to the attention of society and its leaders and opinion makers that a great injustice has been done to a sector of society, and that this has also inhibited overall development.

Advocacy, research and policy development

67. In the past two years UNICEF has intensified its advocacy and social mobilization to help create a more favourable policy and social environment for the girl child in all regions. The State of the World's Children 1992 has called for an end to the "apartheid of gender" against girl children. The Convention on the Rights of the Child has been used as a major instrument in high-level advocacy, while UNICEF participation contributed to a sharper focus on girl child issues in the inter-agency publication The World's Women, 1970-1990: Trends and Statistics.

68. UNICEF has also brought the issues of the girl child to the attention of the United Nations Commission on the Status of Women. At its 1991 session, many State members and NGO observers made strong statements on behalf of the girl child as noted in the Commission's report to the Economic and Social Council. 10/ They emphasized the consequences of discrimination against women from childhood, rendering them socially and economically vulnerable. Referring specifically to the Convention on the Rights of the Child and recommendations of UNICEF, they stressed the importance of fixing definite targets and time-limits to reduce disparities progressively and achieve equality between girl and boy children by the year 2000.

69. Participation in many forums has given UNICEF the opportunity to bring girl child issues to the attention of concerned groups, including donors, the Netherlands Committee for UNICEF, the United States Committee for UNICEF, the NGO Committee on UNICEF, the NGO Committee on the Status of Women at the United Nations, the National Council of Catholic Women (United States) and the International Council of Voluntary Agencies (ICVA). In March 1991, ICVA and several of its constituent organizations made the girl child a priority focus in their emergency, relief and development work. As a follow-up to the ICVA decision, the Australian Council for Overseas Aid made the subject of the girl child a central theme of its annual general meeting at Canberra in September 1991. The UNICEF NGO Committee Subgroup on Education has also worked to implement its decision on priority for the girl child. In November 1991, it brought together experts and practitioners from major specialized NGOs, the Rockefeller Foundation, the World Bank and UNICEF field

offices and headquarters to exchange views and identify strategies. The Subgroup has planned major follow-up activities for 1992.

70. Women's organizations, religious (especially Muslim) leaders and national and international NGOs in all regions have joined Governments and UNICEF to sensitize the public and promote the girl child through seminars, workshops and media events (Botswana, Djibouti, the Dominican Republic, Egypt, Guinea, India, Indonesia, Kenya, Mexico, Morocco, Mozambique, Namibia, Nepal, Nigeria, Oman, Pakistan, the Philippines, Thailand and the United Republic of Tanzania). A UNICEF publication, The Girl Child: An Investment in the Future, shared with key policy makers, parliamentarians, NGOs and the media, was also used as a reference by many countries in elaborating their national programmes of action to implement the goals and objectives of the World Summit for Children.

71. Successful advocacy, policies and programmes depend on the availability of reliable information and data on the magnitude and complexities of the discrimination against girl children and disparities in their upbringing. In this regard, progress has been achieved by nearly 50 countries since 1990 in policy- and action-oriented research. The studies were carried out mainly by national researchers and institutions, thus promoting local capacity-building in this field. Several countries, including Argentina, Bangladesh, Botswana, the Dominican Republic, India, the Islamic Republic of Iran, Kenya, Nepal, the Philippines and the Sudan, have undertaken full situation analyses on the girl child.

72. Many countries have adopted a cost-effective approach to use ongoing data collection systems to gather and disseminate information on girl children (Bolivia, Colombia, the Dominican Republic, the Eastern Caribbean islands, Ecuador, Indonesia, Peru, the Philippines and Uganda). Other countries have supported operational research focused on specific problems, particularly health, education, teenage pregnancy, workload, girls in especially difficult circumstances and indicators for monitoring the progress of the girl child (Chile, Ghana, Guinea, Haiti, India, Indonesia, Kenya, Nigeria and Turkey).

73. Unique opportunities have been created in this decade with the Convention on the Rights of the Child and the formulation of national programmes of action in favour of disadvantaged girl children and women. Most of these programmes have emphasized a holistic approach and the necessary synergism that must exist in development efforts dealing with children, women and families. At the same time, several have highlighted the priority for the girl child and strategies to eliminate gender discrimination and reduce disparities (Bangladesh, Bhutan, India, Kenya, Morocco, Namibia, Sri Lanka and Tunisia). Country-level plans of action as well as the Regional Decade Action Plan for the Girl Child have been formulated by the South Asian Association for Regional Cooperation countries, with major support from UNICEF. Bangladesh has incorporated girl child issues in its fourth five-year development plan (1991-1995).

74. Countries in the Middle East and North Africa region have planned a major Conference on the Arab Child in 1992 in collaboration with the League of Arab States. The issues of girl children are expected to be highlighted since the region has already declared them a priority. Given the magnitude of the problems affecting African girl children, UNICEF will have to intensify its advocacy and support to ensure that they are given priority attention by the countries of the region.

Social and legal status

75. Changing the social status of the girl child will take considerable time in most countries, but the process cannot be delayed. The UNICEF experience (in Bangladesh, India, Indonesia, Kenya, Nigeria, the Philippines, Turkey and the United Republic of Tanzania) shows that significant results can be achieved if advocacy, social mobilization and interventions are decentralized and focused on the family, household and community levels in integrated area-based programmes or strategies. Such approaches have the best chance of involving parents and social and religious leaders and potential for involving boys and men. However, much more effort and appropriate strategies are needed.

76. Most countries have reported the existence of laws and sectoral policies that provide equal opportunities for the growth and development of girl and boy children. Many countries have also established national councils, commissions or interministerial committees for children to ensure implementation of the Convention on the Rights of the Child. As the UNICEF Executive Board agreed in 1991, the interests of the girl child should be safeguarded by implementing the Convention in conjunction with CEDAW. The Commission on the Status of Women supported this recommendation in resolution 35/3 of 1991, calling for "a close relationship between the Committee on the Elimination of Discrimination Against Women and the Committee on the Rights of the Child and other United Nations human rights bodies and between the relevant secretariats of those Committees". 11/ In this regard, it is noteworthy that a process started in 1990 by several countries, with UNICEF support, to review national legislation, in the light of the Convention and CEDAW, has accelerated in several countries, including Bangladesh, Bolivia, Botswana, Cape Verde, Guatemala, Guinea, Indonesia, Kenya, Mozambique, the Niger, Nigeria, the Philippines, the Syrian Arab Republic, Thailand, Uganda, the United Republic of Tanzania and Zambia.

77. In accordance with the requirements of the Convention on the Rights of the Child, the legal status and social development of girl children must be ensured by countries and their development partners to guarantee the girls' future competence, not only in their role as mothers, but as a matter of human rights and social justice. UNICEF programmes of cooperation will, therefore, be encouraged to increase their assistance to girl children and women in the information, knowledge and training required for them to utilize existing or new laws and policies in their favour. This effort will be pursued in collaboration with the United Nations Centre for Human Rights, other relevant United Nations bodies, national women's organizations and associations of women lawyers.

/...

Health and nutrition

78. Effective sectoral responses and action in support of girl children can be assured when these issues are integrated, and highlighted, within overall programmes of cooperation. Bangladesh, the Eastern Caribbean islands, Ecuador, Ethiopia, Guatemala, India, Indonesia, Kenya, Morocco, Namibia, Nigeria, Pakistan and Venezuela are among the many countries whose country programmes of cooperation have articulated a central priority for girl children. The Government of Morocco has made "La petite fille aussi" a priority theme for the entire country programme strategy and planned interventions for the 1992-1996 period.

79. The Middle East and North Africa and South Asia regions have tackled gender differentials in health care and nutrition for children through intensified advocacy using the media, workshops, parental education, training of caregivers and paramedical personnel and strong collaboration with NGOs and bilateral and United Nations agencies. The safe motherhood initiative and cooperation with UNFPA on family planning and child-spacing are also providing opportunities to address adolescent fertility problems within primary health care and maternal and child health programmes (Botswana, China, India, Indonesia, Malawi, Nigeria, the Philippines and Yemen). Egypt, India, Namibia and other countries have attempted to define the health needs of girls (and women) holistically through research and integrated programme planning, rather than focusing primarily on maternal health. Unless reproductive and maternal health are indicated as the predominant health problems, country programmes will be encouraged to broaden their perspective. This will ensure that adolescent girls have adequate information, knowledge, services and empowering skills to sustain their overall health and nutrition, regardless of their age or motherhood status.

80. On HIV/AIDS, UNICEF is supporting innovative projects in school health education and interpersonal communications for behaviour change (Uganda) and community-based, AIDS-prevention education for high-risk groups, particularly women (Philippines). The UNICEF office in Thailand is working with a diversified group of NGOs on pilot activities in health education and counselling for schoolchildren, low-salaried young women who are forced or drawn into part-time commercial sex and minorities whose HIV-positive prevalence rates are 30 to 40 times higher than the national average. Given the scale of the AIDS pandemic in Africa and its potential explosion in Asia, and with the projected predominance of adolescent girls among the victims in this decade, major UNICEF, WHO and inter-agency efforts are urgently required to assist and empower girls and young women, especially in these two regions, with knowledge and other supportive measures.

81. The genital mutilation of girl children is recognized as a culturally sensitive subject. UNICEF policy is to approach the topic through local leadership groups. Following this approach, the topic is being studied and discussed increasingly by national advocates, women's groups, local NGOs and political and religious leaders in several countries (Burkina Faso, Chad, Djibouti, Guinea-Bissau, Kenya, Nigeria, Senegal, Sierra Leone, the Sudan and

/...

the United Republic of Tanzania). The Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) has played a leading role in this area. IAC has received continuing support from UNICEF, UNFPA, WHO, the United Nations Economic Commission for Africa, the Organization of African Unity and several concerned NGOs. The UNICEF Regional Office in Nairobi and UNICEF office in Ethiopia have been particularly active participants and sponsors of IAC activities.

82. Under its Plan of Action to eradicate female genital mutilation and other harmful practices by the year 2000, IAC has helped to establish 22 national committees in Africa to combat the practices. Several of these committees, as well as related national women's organizations, are supported by UNICEF (Djibouti, Ethiopia, Guinea-Bissau, Mali, Nigeria, Somalia and the United Republic of Tanzania). UNICEF has also helped by providing publications and advocacy materials. For example, the UNICEF office in Burkina Faso devoted a whole issue of its newsletter, La carte de l'enfant (No. 22 of November-December 1990), to female excision and shared it with many countries. The first-ever study of the subject in Chad, Rapport d'enquête sur l'excision féminine, was published jointly by the Ministry of Planning and Cooperation and UNICEF in August 1991. In view of the high incidence and prevalence of the problem in the Middle East, North Africa and Africa regions, greater concerted actions and sensitive human rights campaigns will be needed if States Parties are to meet their obligation under the Convention on the Rights of the Child to take "all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children".

Early marriage, pregnancy and motherhood

83. Experience from many regions and other agencies shows that the reduction in early marriage, adolescent pregnancy and motherhood requires massive advocacy campaigns and sensitive social mobilization, as well as accelerated progress in girls' education and women's economic independence and behavioural changes, especially on the part of male family members and community leaders. As noted above, the Department of Religious Affairs and the Office of the State Minister for the Role of Women in Indonesia, in cooperation with several major women's organizations, have engaged in an intensive nationwide campaign to reduce early marriage. In a new cooperative effort with the Senior Advisory Council of Islamic Leaders, UNICEF convened a national workshop in December 1990 for over 100 Muslim scholars, scientists and experts, as well as NGOs from all the 27 provinces of Indonesia, to discuss and find solutions to the problem. The workshop produced an educational booklet, Islamic Teaching and Prevention of Early Marriage, which was distributed widely.

84. UNICEF has also helped to train Islamic village-level marriage counsellors from districts in five selected provinces of Indonesia to motivate, advise and ensure that brides-to-be receive immunization against tetanus toxoid. The initiative is expected to be implemented throughout the country and has the potential to incorporate other necessary family life and child-care education. The Philippines has also made progress in working with

/...

Muslim religious leaders on early marriage and other girl child issues. In Nigeria, a massive social mobilization effort under the auspices of the First Lady and various women's associations is supported by UNICEF. It has influenced the passage of laws against early and forced marriages in some of the predominantly Muslim states. Penalties have also been instituted for impregnating girls. The lessons of the Indonesian, Nigerian and Philippine experiences will be synthesized and shared with other UNICEF country offices.

85. Other projects to reduce early marriage and teenage pregnancy are reported in Bolivia, Botswana, Cameroon, Chile, the Congo, the Dominican Republic, Jamaica, Kenya, India, Oman, Pakistan, the Sudan, Syrian Arab Republic and the United Republic of Tanzania. The different projects provide training, counselling, family planning education, child-care services and safe homes for adolescent mothers, as well as income-generating activities. In most of these activities, UNICEF collaborates with UNFPA, WHO, UNIFEM, USAID and other bilateral agencies and NGOs.

Education and literacy

86. In 1990, education of girls emerged as a priority in UNICEF programmes of cooperation, in line with the goals of the World Conference on Education for All and the World Summit for Children. In the 1991 staff training programme in Africa, Asia, the Middle East and North Africa, particular emphasis was placed on improving opportunities for the girl child. The training also dealt with gender-responsiveness in early childhood development, parental education and the full involvement of the family and community, particularly boys and men, in identifying and solving the educational problems of girls. In 1991, the Women's Development and Basic Education Sections of the UNICEF Eastern and Southern Africa Regional Office undertook eight general situation analyses and three educational sector case studies (in Botswana, Kenya and Madagascar) in preparation for a regional workshop to be held in 1992 on effective programming for education of the girl child.

87. UNICEF is supporting a variety of other activities in all regions: training of women teachers (Bangladesh, China and Yemen); provision of water supply and sanitation facilities to ensure girls' privacy in school (Pakistan); literacy or continued education projects linked to skills training and employment creation for young girls, drop-outs or adolescent mothers (Cameroon, the Caribbean, Indonesia, the Sudan and Turkey); and studies on how to increase enrolment, reduce drop-out rates and remove gender stereotypes from textbooks (Bangladesh, Chile, Ecuador, Ethiopia, the Gambia, Guatemala, Guinea, Somalia, the Syrian Arab Republic and Turkey). UNICEF advocacy and social mobilization have also contributed to affirmative action policies or legislation in favour of girls' education. The 1990 declaration of free education for rural girls to grade 8 in Bangladesh is one notable example. In Nigeria, school fees have been waived for girls in many states in the North. In the Kaduna, Niger and Bauchi states, laws prohibit the withdrawal of girls from school for purposes of early marriage.

88. Where educational disparities are severe, UNICEF has made significant contributions in collaboration with other donors and NGOs. An important example is the Bihar Education Project which responds to the educational needs of girls and women. UNICEF has also supported the expansion of the Bangladesh Rural Advancement Committee alternative educational programme which caters to over 100,000 disadvantaged children, 70 per cent of whom are girls. A significant strength of the BRAC programme has been shorter and flexible school hours which enable girls to attend school. In China, UNICEF has provided seed money within integrated basic services programmes to establish scholarships for selected girls who become role models in disadvantaged communities. Scholarship funds for poor girls are to be established from part of the profits of income-generating activities supported by UNICEF and local authorities.

89. Much greater efforts are needed in resource mobilization and culturally sensitive methodologies for planning of formal as well as alternative education programmes for the millions of girls who are out of school. The programmes should aim both to reduce the financial and opportunity costs to the girls' families and to train them for employment and income-earning. Since the World Conference on Education for All in March 1990, UNICEF collaboration with major partners - the World Bank, UNDP, UNESCO, the Rockefeller Foundation, bilateral donors and NGOs - has focused on making the education of girl children a priority, especially in the most seriously affected countries in Africa, South Asia and the Middle East. However, there is a need for effective monitoring of girls' participation where cost-recovery schemes are introduced in schools. Curriculum reform and massive public education should be undertaken to promote the positive values of girls' education.

Workload

90. In general, with the exception of the water supply and sanitation programme, not much attention has been given in programmes of cooperation to the need to free girl children (and women) from their onerous tasks. In many countries, rural water supply programmes save girls and women three to six hours a day and help to conserve their energy. Such alternative educational programmes as those of the Bangladesh Rural Advancement Committee, with convenient hours and location, enable girls to learn but do not necessarily reduce their daily workload. Appropriate technology support is also limited to a few countries for food processing in the form of grinding mills (Ecuador, Ghana, Nigeria and Senegal) or improved stoves (Ethiopia and Kenya).

91. In Ecuador, UNICEF and the National Family and Child Institute have initiated a project for 5,000 working girls aged 6 to 14 years which provides them, among other things, with little carts to carry their various loads and reduce their physical exertion. Successful community-based, child-care services have been developed in several countries to relieve girls from caring for their siblings (China, Ethiopia, the Philippines and the United Republic of Tanzania); but they need to become more widespread to meet the needs of the poorest families and girls. Ultimately, the problem of the workload of the

girl child (and woman) may be solved through two fundamental changes: (a) equitable work-sharing between boys and girls, and men and women, with respect to the care and well-being of the family; and (b) recognition of the economic value of women's and girls' work and their contribution to the development process.

Girls in especially difficult circumstances

92. Actions for girls in especially difficult circumstances have been developed as integral parts of programmes for children in especially difficult circumstances in Brazil, Chile, Côte d'Ivoire, Guatemala, Egypt, Kenya, Peru, the Philippines and Senegal. However, awareness is low and data are insufficient on most of the "invisible" girls in especially difficult circumstances (the sexually abused, domestic servants, etc.). Thus, several countries, including Argentina, Chile, Côte d'Ivoire, the Dominican Republic and Ecuador, are supporting major studies within the children in especially difficult circumstances programmes on domestic servants, street girls, sexually abused girls and child prostitutes. Research and educational and other social development interventions for street girls are also being advanced in Brazil and the Philippines through UNICEF collaboration with NGOs involved in child protection. In 1991, UNICEF, WHO, PAHO, the International Research and Training Institute for the Advancement of Women (INSTRAW) and several NGOs supported the Women's Bureau in the Dominican Republic to organize a national seminar and launch a campaign against trafficking in girls and women.

93. In Sri Lanka, UNICEF has assisted a project to provide shelter, protection and education for girl child beggars and other street girls. In the war-torn countries of Liberia and Somalia, UNICEF is supporting counselling and other services for girls traumatized by violence. UNICEF has collaborated with the Ministry of Youth and Sports in Morocco to establish at Casablanca a pilot Centre for the Rehabilitation of Girls in Especially Difficult Circumstances. The girls, aged 8 to 16 years, come from poverty-stricken areas where they had suffered from early marriage, prostitution and drugs. They receive clothes, food and training in health, nutrition, family planning, child care and economic skills.

94. Most country reports and experiences make it clear that, whatever the circumstances, a focus on the family and its empowerment will yield the most lasting beneficial results for the girl child. Such a focus on the family is urged by the Convention on the Rights of the Child and the World Summit for Children. UNICEF is strengthening its attention to the family in its advocacy and programming. This is also timely in view of the 1994 International Year of the Family.

III. FURTHER ACTIONS

95. The underlying problems of cultural attitudes, inequitable gender distribution of power across the social, economic and political spectrum and poverty remain major challenges to be overcome in efforts to improve the status and role of women. While culture is a crucial bond in society, it can sometimes be used unquestioningly to perpetuate a system of inequality against girl children and women merely for being born female. Therefore, fundamental changes are needed in the socialization and education of children, both girls and boys, as well as in the complex system of attitudes, power and privileges that determine the allocation of resources and entitlements between women and men within the family, community and nation.

96. Some of the changes envisioned will take considerable time to achieve. Other more practical changes are possible sooner if efforts are intensified under the impetus of CEDAW, the Convention on the Rights of the Child, the World Summit and the goals for human development in the 1990s. With adequate political will and commitment, the historic concerns of girl children, adolescent girls and women can be discussed more openly, researched more deeply and resolved more harmoniously and appropriately in particular societal and cultural contexts. To this end, UNICEF should intensify its advocacy and catalytic role to support countries and mobilize other development partners, especially WHO, UNFPA, UNIFEM, UNDP, UNESCO, the World Bank, bilateral donors and NGOs, to accelerate further actions in the following areas.

A. Women's status and development

97. The status and development of women should be addressed through:

(a) Advocacy and social mobilization nationally and internationally to promote the adoption and implementation of policies and legislation to ensure women equal status and access to resources and opportunities, with particular attention to poor women and those heading households;

(b) Provision of information, education and training to women on their rights, on legislation and on how to utilize them to their greatest advantage;

(c) Promotion of specific laws to ensure women's equitable rights in inheritance, marriage and divorce;

(d) Strengthening of women's income and employment opportunities to assure economic independence, a critical factor in status and personal development;

(e) Capacity-building to empower women's groups, organizations and national machineries to be fully involved in the economic, social and political decision-making processes, especially in democratization and other changes affecting their societies;

/...

(f) Involvement of men and women in training programmes in gender awareness, analysis and planning to encourage positive attitudes regarding their relationships and responsibilities in society and development;

(g) Awareness of possible gender disparity in all the programmes developed and implemented, taking necessary corrective measures;

(h) Ensuring that the goals for children and human development in the 1990s respond to the needs of women in a synergistic manner.

B. The girl child

98. Among the major goals that must be achieved are:

(a) Massive national, regional and international advocacy, and mobilization of a wider range of partners (Governments; NGOs; movements in support of youth, women, environment and peace; religious groups; professional associations; research and development institutions; media; donors; and development agencies). This will promote time-bound policies, legislation and programmes in three critical areas: (i) an increase in girls' education through compulsory universal primary education and other supportive measures; (ii) promotion of girls' health and nutrition; and (iii) reduction of early marriage and adolescent pregnancies;

(b) Empowerment of families with information and the economic and social means to give equal treatment and opportunities to all children, regardless of sex;

(c) Promoting acceptance of 18 years as the minimum age of marriage for girls;

(d) Review by national councils, commissions or committees on children of the laws and development opportunities for children from a gender perspective, with a view to reducing disparities and achieving gender equality and justice by the year 2000;

(e) Development, through government, UNICEF, NGO, inter-agency and donor collaboration, of innovative and experimental projects in a limited number of carefully selected countries to resolve key girl child issues. Successful projects should be replicated;

(f) Promotion of exchange of experiences between different countries and regions through information-sharing and workshops on effective research methodologies, policies and action programmes to combat preference for male children, early marriage, female genital mutilation, violence against women and girls and teenage pregnancy;

(g) Targeted mobilization of boys and men within the family and community in the search for solutions to concerns of girl children. Men and

/...

boys must be encouraged to assume seriously their responsibility in the survival, protection and development of girl children to their full human potential;

(h) Monitoring the goals for children in the 1990s from a gender perspective to reduce disparities and ensure equity.

Notes

1/ United Nations, The World's Women 1970-1990: Trends and Statistics (New York, 1991), table 1, pp. 22-25.

2/ C. Sathyamala, N. Sunharam and N. A. Bharot, Taking Sides: The Choices before the Health Worker (Madras, Asian Network for Innovative Training Trust (ANITRA), 1986).

3/ United Nations, Report of the United Nations Seminar on Traditional Practices Affecting the Health of Women and Children (Burkina Faso, 29 April-3 May 1991 (E/CN.4/Sub.2/1991/48)); Wafis Sadik, State of the World Population (New York, UNFPA, 1989); Report on the Regional Conference on Traditional Practices Affecting the Health of Women and Children in Africa (Ethiopia, 19-24 November 1990, organized by the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC)).

4/ J. E. Rohde, "Principles and Strategies of Programming for Adolescent Girls", Indian Journal of Maternal and Child Health, vol. I, No. 1 (1990), pp. 3-7; S. Vir, "Adolescent Growth in Girls - The Indian Perspective", Indian Journal of Pediatrics, No. 2 (1990), pp. 1,249-1,255.

5/ The World's Women, op. cit., p. 11.

6/ Ibid., p. 13.

7/ Ibid., pp. 45-47.

8/ Subarna L. Singh, Work Burden of a Girl Child in Nepal: An Analysis by Poverty Levels (Kathmandu, Ministry of Labour and Social Welfare, Women Development Division and UNICEF, 1990).

9/ Maggie Black, Philippines: Children of the Runaway Cities (Florence, UNICEF Innocenti Studies, 1991); Anthony Swift, Brazil: The Fight for Childhood in the City (Florence, UNICEF Innocenti Studies, 1991).

10/ Official Records of the Economic and Social Council, 1991, Supplement No. 8 (E/1991/28), paras. 86 and 88.

11/ Ibid., chap. I, sect. C.
